



Application for Special Consideration

This form is for students who require Special Consideration for exams due to illness or misadventure.

Section A: (To be completed by the candidate)

Family Name: _____ Given Names: _____

Student ID# _____ USYD email: _____

Program of Study (tick appropriate box)

Pre-Registration Courses:

- BN BN (IAH) BN / BA BN / BSc MN(Grad Entry)
- BA / MN BSc / MN BHSc / MN B App Sc (Exercise & Sports Science)/ MN

Post-Registration Courses:

- BN (Post-Reg) Graduate Diploma Graduate Certificate Master of Nursing

Students requiring Special Consideration for Exams need to fill out this form, as well as the standard University of Sydney Special Consideration application form (attached). Students requiring Special Consideration for Assignments need to fill out Section A (above,) as well as the standard University of Sydney Special Consideration application form (attached).

Students need to be aware that the Special Consideration mechanism exists to provide assistance to those students who have suffered some serious illness or misadventure whereby their performance in any assessment has been negatively affected. To be eligible to receive Special Consideration due to serious illness a registered medical practitioner or counsellor must complete the Professional Practitioner's Certificate.

The Faculty may decide that a student's circumstances warrant Special Consideration either in the form of an assignment extension (for more than one week,) or being granted a Supplementary Examination. In the case of a Supplementary Examination, the following Faculty of Nursing procedure applies.

Students granted Special Consideration for an exam during the normal exam period will be given the opportunity to sit a makeup exam during the makeup exam period. **The Faculty will determine makeup exam date/s and no additional exams will be scheduled.**

Students who are unable to attend the scheduled makeup exam(s) will be required to reapply for Special Consideration within seven days of the date of the makeup exams or a fail result will be recorded against the relevant unit(s) of study. Students unable to attend the makeup exam provided and who have their subsequent special consideration application approved, will be required to makeup their exam in the examination period the following semester.

Students who are granted special consideration for an assignment will need to complete another piece of work that will be allocated by the Unit of Study Coordinator. The original piece of work (if completed) will not be marked.

Examinations Requiring Special Consideration

Unit of Study Code and Name: _____

Did you sit the original exam? Yes No

Unit of Study Code and Name: _____

Did you sit the original exam? Yes No

Unit of Study Code and Name: _____

Did you sit the original exam? Yes No

I have understood and agree with the Faculty of Nursing and Midwifery's policy on Special Consideration as it applies to Supplementary Examinations.	
Signed _____	Date _____

This form should be attached to the standard University of Sydney Special Consideration form and handed in to:
Faculty Office, Ground Floor, 88 Mallet Street, Camperdown.



Application for **SPECIAL CONSIDERATION** due to serious illness or misadventure

THIS FORM SHOULD BE SUBMITTED TO THE RELEVANT FACULTY OFFICE AS SOON AS PRACTICABLE AND CERTAINLY WITHIN ONE WEEK FROM THE END OF THE PERIOD FOR WHICH CONSIDERATION IS SOUGHT.

SID

Period for which special consideration is sought

□ □ □ □ □ □ □ □ □ □

from □ □ - □ □ - □ □ to □ □ - □ □ - □ □
day month year day month year

Surname: _____ First name: _____ Other names: _____
BLOCK LETTERS

Address: _____ Postcode _____

Telephone: _____ Email: _____

Degree: _____ Year:(1,2,3,etc) _____ Date of Birth: ____ / ____ / ____

Indicate work for which special consideration is requested, including relevant due dates.

Units of study	Exam, Essay, Practical, Tutorial, Other	Due date

Please state briefly the reason for your application in your own words

✂ -----
Special consideration application received

Signed _____
(Faculty office)

Signed _____
(Student)

Date ____ / ____ / ____



The University of Sydney

Guidelines for the Completion of an Application for Special Consideration

The University's assessment practices are designed to ensure that conditions are fair to all students, as consistent as possible and that individual students are not disadvantaged by adverse personal circumstances beyond their control or by the activities of other students.

Generally, serious illness or misadventure will be taken into account when considering a student's academic performance in a course or units of study. There is, however, a clear distinction between longstanding illness or difficulties which prevent students from attending classes or completing required work or which seriously interfere with their capacity to study for long periods and short-term serious illness or misadventure that may prevent a well-prepared student from sitting for an examination or completing a particular assignment.

The information you supply on this document is needed by the University so that it can deal with your application for special consideration. This document, and any associated records, will be retained by the relevant faculty. The records will only be available to those staff who need access to it in order to carry out their duties. All records will be destroyed in a secure manner at the appropriate time. Any request to access and/or correct the information should be addressed to the faculty office, in the first instance.

To apply for special consideration

1. Obtain a special consideration form from the relevant faculty office, faculty website or the Student Centre
2. Complete this special consideration application form
 - For consideration due to serious illness have a registered medical practitioner or counsellor complete the Professional Practitioners Certificate
 - For consideration due to misadventure attach the appropriate documentation.
3. Lodge this form with the relevant faculty office
4. Applications must be received within one week from the end of the period (i.e. assignment due date or date of examination) for which consideration is sought
5. Students must retain their receipt (at the bottom of this page) that will be given upon lodgement of this form with the relevant faculty office
6. Students will be notified of the academic judgment concerning their special consideration application.



Professional Practitioner Certificate

To be completed by a registered medical practitioner or counsellor for student whose work during a teaching period or whose academic performance in an assessment item or items, including examinations, has been affected by serious illness or misadventure. The person completing the form should refer to the University's policy (see extract on the rear of this form).

Special Consideration applications must be supported by documentary evidence from an appropriate professional authority (a registered medical practitioner, or counsellor). Certificates signed by family members are not acceptable. Your help providing information about the student's illness or misadventure is appreciated. This information will help the University make a fair and informed assessment about the student's academic performance. The information you provide on this form will be used solely to assess this application.

PROFESSIONAL PRACTITIONER CERTIFICATE

SID: _____ STUDENT NAME: _____

Date/s of consultation: _____

Please indicate your evaluation of the severity, duration and effect on the student's ability to attend classes, learn, retain and/or complete assessment requirements:

Specify period/duration

Severity (please tick appropriate boxes)	√	from	to
Totally unable to study			
Very severely affected			
Severely affected			
Moderately affected			
Slightly affected			
Unable to assess			

Plain English description of: nature of illness, symptoms, restrictions on capacity or functionality in their studies and other relevant information (attach additional report or documentation if necessary, bearing in mind privacy requirements)

OTHER (please specify and attach documentation/evidence)

Name _____

Address _____

Phone Number _____ Provider Number _____ Stamp _____

I authorise the University to contact me or my office to confirm authenticity of this document.

Signature: _____ Date: _____/_____/_____

Extract from the Academic Board Resolutions: Assessment and Examination of Coursework

Part 5 – Special Consideration Due to Serious Illness and Misadventure.

7. Documentation

- (1) **Professional Practitioner Certificate** is supplied with the special consideration form and should be completed by a registered medical practitioner, or counsellor for a student whose work during a teaching period or whose performance in an assessment task, including examinations, has been affected by illness or misadventure. Certificates signed by family members are not acceptable.

The Professional Practitioner Certificate includes;

- (a) dates of consultation;
- (b) an evaluation by the practitioner, psychologist etc. as to the severity, duration and effect on the student's ability to attend classes, learn or complete assessment requirements;
- (c) a description of the nature and seriousness of the student's problems, within the limits of confidentiality, so that an academic assessment can be made of the possible effects of the illness or accident on the student's performance;
- (d) any other relevant information relating to the student's illness, trauma etc.;
- (e) any other documentation that may be relevant; and
- (f) the practitioner authorises the University to contact them to confirm the authenticity of the certificate.



The University of Sydney

Academic Judgement regarding application for special consideration due to serious illness or misadventure

This form should be completed by two or more academic staff members within the relevant faculty who act as assessors of the special consideration application.

Name of Student: _____

SID: _____

Assessment(s) for which special consideration is sought

Academic Judgment (indicate reasons for the academic judgment)

Name _____

Name _____

Signed _____
(First Assessor)

Signed _____
(Second Assessor)

Date ___/___/___

This Document is to be retained for a minimum period of 12 months from the end of the relevant semester.

For Office Use

- 1. Date special consideration received: _____/_____/_____
- 2. Date Academic Judgment received: _____/_____/_____
- 3. Date Student notified of Academic Judgment: _____/_____/_____