

| SPECIAL CONSIDERATION (HE) FORM | | | | | | | | | |
|---|--------------|---|-----------------|---------------|---|----------------|--|----------------------------|--|
| the most suitable option. Plea | ase refer to | ial Consideration, students are encouraged to Assessment, Credit and Moderation (HE the Special Consideration email address s dministrator. |) Policy and As | sessment Prod | edure before | completing thi | s form. Special Consideration a | application form and other | |
| Section A: Personal De | etails | | | | | | | | |
| Family Name: | | | | | Given | Name: | | | |
| Student ID: | | | DOB: | | | | • | | |
| International / Domestic Student: | | | If Interi | national, ha | onal, has International Office been Contacted?: | | | | |
| Contact Phone Number: | | | | | | | | | |
| Email Address: | | | | | | | | | |
| Name of Melbourne Polytechnic Course: | | | | | | | | | |
| Section B: Special Cons | siderati | on Details | | | | | | | |
| | | ☐ Medical reasons | | | | | Severe disruption of living arrangements | | |
| | | ☐ Trauma | | | | | Substantial changes to employment | | |
| Grounds for Application | | ☐ Loss or bereavement of close family | | | | | | | |
| | | ☐ Loss or bereavement of close friend | | | | | | | |
| | | ☐ Primary carer responsibility for a family member with an illness | | | | | | | |
| Ensure Special Consideration Medical Impact statement or Supporting Statement and/or appropriate supporting evidence is attached. | | | | | | | | | |

Date: 16 May 2023; **Edition**: 6

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|---|---|--|-----------------------------------|---------------------|--|--|--|--|
| Section C: Supporting Sta | | | | | | | | |
| Please write about your circum | nstances and attach any documentation to evi | idence your circumstances. | | | | | | |
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| Please specify the subje | ct/s for which you are seeking Specia | al Consideration and indicate the | affected assessments (kindly prov | ride any additional | | | | |
| assessment or assessment details on a separate page): | | | | | | | | |
| Subject Code | Subject Name | Lecturer Name | Type of Assessment | Due Date | | | | |
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| Section C: Have you prev | iously submitted a special consideration | n application? (Student to complet | te) | | | | | |
| No | | | | | | | | |
| Yes, please provide details | s: | | | | | | | |
| | | | | | | | | |
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| Continue De Arreline de Ch | aldist and Dadowski | | | | | | | |
| Section D: Applicant Chec | | | | | | | | |
| | | Completed all Sections of the Application Form | | | | | | |
| | Completed the Supporting Statement and attached the relevant evidence to support my application | | | | | | | |
| | Signed and dated the application fo | orm | | | | | | |

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|---|--|-------|--------------------|---|-------|--|-------|-------|---------------------|--|
| I hereby acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information. I certify to the best of my knowledge, the information supplied in this form and the supporting documentation is true and correct. I have submitted this application within the timeframes specified in the Assessment, Credit and Moderation (HE) Policy and Assessment Procedure. | | | | | | | | | | |
| Name: | | | | Signa | ture: | | | | Date: | |
| OFFICE USE ONLY | | | | | | | | | | |
| APPROVED RECOMMENDATION | | | | | | | | | | |
| Subject Code Subject Name | | | Action To be Taken | | | | | | Revised Due Date | |
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| APPLICATION RECEIVED: RECEIVING OFFICER NAME: | | | | | | | DATE: | | | |
| DATE SUPPORTING DOCUMENTATION DUE (maximum 5 working days after date of receival) | | | | DATE DECISION/OUTCOME DUE (Maximum 2 working days after supporting documentation submitted) | | | | | | |
| HOP/SL APPROVED: SIGNATURE: | | | | | | | DATE: | | | |
| STUDENT NOTIFIED: NAME: | | NAME: | | | | | | DATE: | | |

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