



SPECIAL CONSIDERATION IN ASSESSMENT APPLICATION (INTERNAL)

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

- The eligibility and procedure for special consideration is detailed in the Conducting (VET) Assessment Policy and Procedure, and the Higher Education Assessment Policy and Procedure, available on the Institute website.
- This application MUST be lodged with your relevant Head of School:
 - no less than ten (10) working days prior to the examination/assessment
 - within two (2) working days after the date of the examination/assessment, in unforeseen circumstances, i.e., in the case of accidents or illness.
- The Head of School will determine if the application should be supported, and will forward the outcome to the Registrar (Elgar Campus, Building 4).
- The Registrar will advise you of the outcome of this application, within five (5) working days of receipt of the application.
- You are advised to contact Student Life for assistance with your application if necessary. Student Life is located at the [Elgar Campus](#) (Building 3) and can be contacted on (03) 9286 9891.

STUDENT ID:	<input type="text"/>								
GIVEN NAMES:	<input type="text"/>				SURNAME:	<input type="text"/>			
ADDRESS:	<input type="text"/>								
SUBURB:	<input type="text"/>					POSTCODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE:	(HM) <input type="text"/>				(MOB) <input type="text"/>				
COURSE NAME:	<input type="text"/>								
COURSE CODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DETAILS OF UNIT/S IN WHICH SPECIAL CONSIDERATION IS SOUGHT:			SOUGHT FOR:
	UNIT CODE:	UNIT NAME	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>

(PLEASE TURN OVER)

PLEASE DETAIL SPECIAL CONSIDERATION SOUGHT: e.g. Extra time in examination, new date of practical, etc

PLEASE STATE REASON FOR APPLICATION AND WHEREVER POSSIBLE PROVIDE SUPPORTING EVIDENCE:
e.g. Doctors Certificate/Report. (Attach additional pages if necessary and keep a copy of all documentation for your records)YOUR PRIVACY: Your personal information will be collected and used in accordance with Box Hill Institute's Personal Information Privacy Collection Notice – available to be viewed on the Institute's web site at www.boxhill.edu.au

STUDENT SIGNATURE:

DATE:

COORDINATOR TO COMPLETE

(Reason for Decision must be complete or application will not be processed, and returned to the school that submitted it)

School Name:

Date Received :

Special Consideration Granted:

Yes

No

If Yes, extension
until/new submission
date:

Reason for Decision:

Coordinator Signature:

Date:

OFFICE USE ONLY (Registrar's Office)

Date Received:

Student Notified by:

On:

New submission date entered in S1:
(if applicable)Application noted in
Special Consideration on SSP: