Higher Education Special Consideration Request Form



STUDENT INFO	ORMATIO	V							
Surname			Given Nan	ne/s					
Student No.			Email						
UNIT INFORMA	ATION								
Unit Code			Unit Name						
Educators Nan	пе		•						
Assessment Ta	ask No			Weighting %					
Is this a Hurdle Assessment Task? ☐ Yes ☐ No									
Have you already received an extension or deferral for this assessment? ☐ Yes ☐ No									
GROUNDS FO	R SPECIA	L CONSI	DERATION						
Please indicate your reason for requesting a special consideration.									
Short term illness									
Hardship or Trauma									
Bereavement									
Hardship									
Trauma									
Family breakdown									
Sudden loss of income,									
Victim of crime / Sexual harm									
Unexpected c	arer respo	nsibilities							
Unexpected events or accidents									
Unscheduled or unexpected Defence Force and National Service commitments									
Unscheduled or unexpected elite athlete obligations									
Emergency services situations, such as unscheduled or unexpected SES call-outs									
Unscheduled/unexpected religious observance and special cultural and religious considerations									
Unscheduled or unexpected jury service, certain court appearances									
Other:									
Student Staten (insert text here									
SUBMISSION	AND NOT	IFICATIO	N OF OUTC	ОМЕ					
					our application				
					sion. You can n	ormally exp	ect a		
decision via en		,) working (iays.					
			cation must b	e signed by a p	arent/quardian T	hie includes	consent for		
If under the age of 18 years, this application must be signed by a parent/guardian. This includes consent for the student to have access to the Internet through TAFE Queensland.									
Student Signatu	re					Date			
Parent/Guardiar (If student is und		3)							

	dian's Signature under 18 years)	Date						
		SE ONLY – not for student distribution ried within 7 working days of the reviewed decision)						
Date applica	ation received:	ica within 7 working days of the reviewed decision)						
Processed By:		Date:						
Student number:								
Student name:								
Supporting information:		□ Yes □ No						
Type of assessment:		☐ Exam ☐ Assignment ☐ Clinical/simulation ☐ other						
Course Coordinator Name:		Date Notified: / /						
Student notified of decision:		1 1						
Administrator's name:								
Date:		1 1						
COURSE O	COORDIANTOR DECI	SION						
	Recommend no change to the mark for the assessment item.							
Granted	Recommend hold application until the end of the semester to assess if a change of grade is warranted for the Unit of Study as a whole.							
	Recommend a change of grade be awarded for the Unit of Study as a whole.							
	Recommend a change to the mark of no more than ten percent (10%) mark increase for the assessment. A passing grade is not guaranteed by the granting of special consideration.							
	Resubmission of the original Assessment Task (this applies only where the original Assessment Task was a written assignment, such as completion of an essay, report, review, clinical observation report etc.).							
	Removal of any late submission penalty							
Not Granted	Reject application on the grounds of late submission.							
	Reject application on the grounds of inadequate documentation provided.							
	Another form of appropriate concession, such as an extension of time, reasonable adjustment; deferral of examination has already been awarded for the same individual Assessment Task.							
	The student has achieved, in the individual Assessment Task for which Special Consideration is sought, a result consistent with their level of achievement in other assessment tasks.							
	Reject application as the circumstances are not significant enough to warrant consideration.							
	Other:							
Comments for either the student and / or the Unit Convenor								
Signature: Date: / /								