



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 Support Services for assistance with your application if necessary. Student Support Services are located at the Nelson Campus 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"/>
PHONE:	(HM) <input type="text"/>				(WK) <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"/>

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"/>

SOUGHT FOR:
A = Assignment
B = Attendance
C = Course Work
E = Exam
O = Other (pleas state)

(PLEASE TURN OVER)

PLEASE DETAIL SPECIAL CONSIDERATION SOUGHT: e.g. Extra time in examination:

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:

HEAD OF SCHOOL TO COMPLETE

School Name:

Date Received:

Is Special Consideration Granted?

YES

NO

Please tick

Reason for Decision: (Give details & consideration Granted)

Head of School Signature:

Date:

OFFICE USE ONLY (Registrar's Office)

Date Received:

Student Notified by:

On: