

Guidelines for Documentation

WHAT DOCUMENTATION SHOULD BE INCLUDED WITH THE APPLICATION?

If your application relates to illness on your part (or illness of another person that has an affect on you) it must be accompanied by the medical certificate which has been completed by a registered medical practitioner. The following principles will apply in the evaluation of applications involving medical certificates:

- The medical certificate must be completed by a registered medical practitioner. The best way to ensure that this is the case is to ensure the certificate includes a Medicare Provider Number. (This is normally a 5 or 6-digit number followed by 2 letters). Certificates that do not include a Provider Number are not likely to be accepted.
- The medical certificate must state that in the medical practitioner's opinion you were or will be unfit to attend an assessment component or have been or will be adversely affected by illness. Medical certificates in which the medical practitioner reports that you claim to be unwell may not be accepted.
- The medical certificate must cover the date on which the assessment is held.
- Backdated medical certificates will not be accepted.

If you are unable to complete an assessment component or your study is adversely affected due to a non-medical reason, you are encouraged to provide as much documentary evidence as you can to support your application. This should be objective evidence from an independent source. Documentation may include a death notice or certificate, a police report, a letter from an employer, a current letter from La Trobe Counselling Services or La Trobe Equity and Access. If you have questions or concerns about documentation, see Student Administration on your campus for advice. Bundoora Students can contact the Committee by email busspecon@latrobe.edu.au with queries about documentation.

TO BE COMPLETED BY THE STUDENT

Required for Faculty of Law and Management Students for 2009. This form and the associated business process apply only to those taking units/subjects in the Faculty of Law and Management. The form and process will be subject to review by the University.



LA TROBE
UNIVERSITY

Application for Special Consideration

Provisions for Special Consideration are documented under the University's Regulation 21.12 in Section 17 'ILLNESS OR OTHER CAUSE AFFECTING PERFORMANCE IN AN EXAMINATION' and Section 18 'ILLNESS OR OTHER CAUSE AFFECTING PERFORMANCE DURING AN ACADEMIC PERIOD'. University Regulations can be viewed via the web at www.latrobe.edu.au/policies/ under the Subsection 'Examinations - Special'.

Family Name:	<input type="text"/>	Student No:	<input type="text"/>
Given Names:	<input type="text"/>	Mr/Mrs/Ms/Miss/Dr:	<input type="text"/>
Faculty:	<input type="text"/>	Course:	<input type="text"/>
University Email Address:	<input type="text"/>		
	Semester (circle one)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Semester 1	Semester 2	Summer Supp/Special Exam Period

Subject Code	Subject Name	Date of Exam/Assessment	Did you attend the exam?		Did you complete the exam/assessment?	
			Circle Yes or No. If no, provide details in Section B.		Circle Yes or No. If no, provide details in Section B.	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

I hereby certify that the information I have provided in this application is true and correct. Where a medical certificate and/or supporting statement has been submitted, I authorise La Trobe University to seek further information directly from the originating party or parties.

Student Signature _____ Date _____

Reason for Application: Medical (Medical Certificate/s must be attached)
 Non-Medical (Supporting statement/s if any, should be attached)
 Both (Both of the above must be attached)

State period during which your studies were affected From: / / To: / /
 Period covered by medical certificate/s From: / / To: / /

OFFICIAL USE ONLY

To: <input type="text"/>	School of: <input type="text"/>
To: <input type="text"/>	School of: <input type="text"/>
To: <input type="text"/>	School of: <input type="text"/>
To: <input type="text"/>	School of: <input type="text"/>

Medical Certificate/s received: / / Medical Certificate/s received: / /

Privacy Policy
 At La Trobe University, we respect the privacy of your personal information. Academic Services collects personal information about you during your admission and enrolment periods at La Trobe University to ensure your entitlements and obligations are appropriately managed. We are required to collect information about you under the Higher Education Support Act and the Education Services for Overseas Students Act. For this purpose we will use this information and typically disclose it to the Department of Education, Science and Training, Department of Immigration Culture and Indigenous Affairs, Australian Taxation Office and Centrelink. You may have the right to access personal information we hold about you, subject to any exceptions in relevant laws, by contacting your local Student Administration Office, or by telephone on (03) 9479-2005.

