

Application for Special Consideration

Applications for Special Consideration should be lodge at your local **Student Administration Office**. Details of special consideration applications will be made available to the Chief Examiner in each unit (subject) for which special consideration is sought.

Extract from Regulation 21.12 – Special Consideration.

Regulation 21.12 (Section 17) states:

A student who fails to attend an examination or whose performance at an examination has been adversely affected by illness or other cause and who wishes to apply for special consideration shall

- (a) Lodge a written application with the University Secretary within seventy-two hours after the commencement of the examination; and
- (b) In that written application provide reasons for the failure to attend or details of the basis of that illness or other cause; and
- (c) With that application lodge documentation which supports the application including a medical certificate where the application involves illness.

Regulation 21.12 (Section 18) states:

(1) A student who considers that his or her studies during an academic period have been adversely affected by illness or another cause may make an application for special consideration to the University Secretary.

(2) A student who makes an application under sub-section (1) shall:

- (a) Lodge such an application in writing with the University Secretary;
- (b) In that application provide details of the basis of the illness or other cause and list the subjects and examinations to which the application relates;
- (c) Where that application relates to illness lodge a medical certificate;
~~and~~ Lodge such application before any examination to which any such application relates.

A full transcript of Regulation 21.12 can be found at www.latrobe.edu.au/policies



Academic Services

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:

Student No:

Given Names:

Mr/Mrs/Ms/Miss/Dr

Faculty:

Course:

UNIT CODE						Date of Exam/Assessment		UNIT CODE						Date of Exam/Assessment	

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 **Period covered by medical certificate/s**

From: / / To: / /

From: / / To: / /

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** _____

OFFICE 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: <input type="text"/> / <input type="text"/> / <input type="text"/>	Medical Certificate/s received: <input type="text"/> / <input type="text"/> / <input type="text"/>
Medical Certificate/s received: <input type="text"/> / <input type="text"/> / <input type="text"/>	Medical Certificate/s received: <input type="text"/> / <input type="text"/> / <input type="text"/>

Privacy Notice: Details regarding collection, use, disclosure and access of personal information from this form are available from the following web site address www.latrobe.edu.au/privacy, or by contacting your local student administration office, or by telephone at (03) 9479 2005

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SECTION B: Supporting Statements

Reasons for this Application

- Outline the reasons you believe you have been disadvantaged in a serious and exceptional way in your assessment during the semester or at examination time.

(If insufficient space, attach separate sheet)

Supporting Documentary Evidence Supplied (if appropriate)

- Outline any additional information you wish to be considered in support of your application.

(If insufficient space, attach separate sheet)