

This form is to be completed by a student who requires a modification to an assessment submission deadline due to unexpected or unavoidable circumstances that impact their ability to meet the assessment requirements.

Application for Special Consideration must be submitted no later than 3 working days after the assessment task due date and before the end of the study period to be considered. In circumstances where the submission date is more than 3 working days from the assessment deadline, students must evidence the delay in submission.

Failure to provide true and correct supporting documentation and complete the required fields of this form may result in your application being delayed or refused.

Return completed form and supporting documentation to [info@asahe.edu.au](mailto:info@asahe.edu.au)

Please refer to the [Student Assessment Policy](#) and the [Special Consideration Policy and Procedure](#). Your application will be assessed based on the timeline outlined within the procedure, (10) ten working days.

## Section 1: Personal Information

Student ID	<input type="text"/>	Student Name	<input type="text"/>
Course	<input type="text"/>		

## Section 2: Subject Details

Quarter	<input type="text"/>	Year	<input type="text"/>
Unit Code	<input type="text"/>	Unit Name	<input type="text"/>
Assessment Name	<input type="text"/>	Assessment Type	<input type="text"/>
Lecturer Name	<input type="text"/>		

## Section 3: Basis of Special Consideration Request

Please outline the reason for the application

*If the information provided does not fit in the above box, please attach the details in a separate document*

## Section 4: Modification Request

Indicate the modification outcome you are seeking approval for.

- ☐ Extension of an assessment due date/deadline
- ☐ Resubmission of an assessment
- ☐ Change to submission method or deadline due of in person assessment due
- ☐ Provision of a supplementary assessment

## Section 5: Supporting Documentation

If requesting a modification due to compassionate or compelling circumstances, please provide relevant evidence that clearing demonstrates the following:

- a. Impact to your ability to meet the given deadlines
- b. If the deadline is passed, the impact the circumstances had on your ability to provide the request before the assessment due date

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Certificate/Report                               | <input type="checkbox"/> Police or Incident Report          |
| <input type="checkbox"/> Statutory Declaration                                    | <input type="checkbox"/> Court or Legal document(s)         |
| <input type="checkbox"/> Counsellor or Psychologist evaluation/<br>recommendation | <input type="checkbox"/> Other – Please enter details below |

*If the information provided does not fit in the above box, please attach the details in a separate document*

## Section 6: Student Declaration

- ☐ I declare that, to the best of my knowledge, the information provided in this application form and all attachments is true and correct.
- ☐ I understand that any incomplete information may lead to the return of my application, or I may be contacted at any time regarding my application
- ☐ I have read and understood the Special Consideration Policy and Procedure

Student Signature

Date