

Application for Special Consideration

APPLYING FOR SPECIAL CONSIDERATION

GUIDELINES

This form is to be used by enrolled students applying for Special Consideration for assessment tasks and/or attendance components of the course.

Before completing this form it is important you read and understand the HETI Special Consideration Policy.

Applications for assessment tasks **MUST** be received by the Education Support Office **no later than 5.00pm** on the second working day after the due date of the assessment task.

Please note: Submitting an application does not mean that Special Consideration will be granted.

All applications must include supporting documentary evidence to prove your case e.g: doctor's certificate or letter from a health professional or counsellor.

You will be notified by email of the outcome of your application.

DOCUMENTARY EVIDENCE

YOU MUST ATTACH CERTIFIED DOCUMENTARY EVIDENCE SUPPORTING YOUR REQUEST FOR SPECIAL CONSIDERATION

- Your request cannot be processed until certified evidence is provided.
- All supporting documentation must be in English, including certified translations where necessary.

If you have any questions, please contact the Education Support Office for assistance.

SECTION 1: STUDENT DETAILS

Title	Surname		
Given Names		Student ID	
Street Address			
Suburb		State	Postcode
Country	Home Phone		Mobile
Email			

SECTION 2: UNIT(S) APPLYING FOR SPECIAL CONSIDERATION

Course Applied Mental Health Studies Psychiatric Medicine

UNIT DETAILS

Unit Code	Unit Name	Semester, Year

Date(s) unable to attend and/or Assessment Due Date and Title:

Description of Circumstances (Please state length of time you have been affected. Attach extra pages if needed):

SECTION 3: DECLARATION

I have submitted the necessary certified documentary evidence in support of my claim.
 I acknowledge that submitted documents will not be returned to me.
 I authorise Health Education and Training Institute Higher Education to obtain verification of any statements or documents included as part of this application.
 I hereby certify that the information provided in this application is true and correct.

Signature	Date
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OFFICE USE ONLY

Date application Received	Date forwarded to Unit Coordinator
Documentary evidence type submitted	

OUTCOME

Approved
 The following adjustments to the assessment task have been approved

Denied
 Adjustments not approved for the following reason(s)

Approval: Director Education and Training

Signature	Date
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Outcome Advised

ESO:	
Signature	Date