SPECIAL CONSIDERATION FORM

This form must be completed by the student and submitted to the Director, Student and Staff Services, within 5 working days of the affected assessment, or assessment deadline.

Student name: ........................................................................................................................................................................................................................................................................................................

Course and year: ........................................................................................................................................................................................................................................................................................................

Please indicate why the form is being completed by ticking the appropriate box(es):

☐ Explanation for absence from an assessment
☐ Claim for extenuating circumstances to be taken into account when an assessment has been attempted
☐ Claim for special consideration when a submission deadline has not been met
☐ Claim for extenuating circumstances that have affected study to be taken into account

Nature of circumstances (to be completed by the student) – for full details of required evidence consult the Special Consideration Policy on myNIDA:

☐ Illness/Hospitalisation (Evidence: A medical certificate or letter)
☐ Family illness (Evidence: A medical certificate of letter)
☐ Bereavement – death of a close relative or friend (Evidence: Death certificate or supporting letter from an independent source)
☐ Acute emotional/personal circumstances (Evidence: Letter from counsellor or equivalent and/or medical evidence)
☐ Victim of crime (Evidence: Crime reference number plus any written evidence available from the police)
☐ Expeditions for sport of national significance (Evidence: Letter of confirmation from the relevant organising body)
☐ Religious Observance (in exceptional circumstances when it has not been possible to make suitable alternate assessment arrangements) (Evidence: Previously completed claim for religious observance)
☐ Jury Service/Court Attendance (Evidence: Court or equivalent letter)
☐ Other – please attach a written explanation and provide supporting documents

NB: Forms which are not fully completed and without the required documentary evidence will not be considered. Where evidence is not available by the deadline for submission of the form, the form should be submitted as required and a further 5 working days is allowed for submission of the appropriate evidence.

All evidence submitted in support of an extenuating circumstances claim will be treated with full confidentiality and will be disclosed only to appropriate members of staff. Any student wishing to restrict the sharing of such information should make his or her wishes known in writing.
Further details (to be completed by the student):

The student should state below the subject/s and assessment events that have been impacted by the extenuating circumstances:

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Signed (Student): ................................................................................................................

Date: ........................................

Determination by the Director/CEO or nominee (to be completed by the Director, Student and Staff Services):