



Use this form to request special consideration for an extension up to 10 days, a missed assessment or to defer an assessment. Requests for short extensions up to 7 calendar days should be made directly to your lecturer via email.

ELIGIBILITY FOR SPECIAL CONSIDERATION

Where extenuating circumstances have unfairly disadvantaged a student or had a serious adverse impact on their ability to submit an assessment, sit an examination or their performance in an assessment, special consideration may be granted to enable the student to demonstrate their achievement of the learning outcomes. Extenuating circumstances are generally short-term, unforeseen and beyond the control of the student such as medical reasons, hardship or trauma, or other compassionate reasons, for example but not limited to:

Medical Reasons: serious illness, injury or misadventure, hospital admission, severe anxiety or depression etc.

Hardship or Trauma: a traumatic experience such as an accident, crime or being a witness to these experiences; severe disruption to domestic arrangements

Compassionate Grounds: bereavement of a close family member; major political upheaval or natural disaster; military service or jury service or emergency service

The outcome of special consideration may include an extension to the assessment due date (up to ten calendar days), a deferred assessment task, an alternative assessment or adjustment to an attendance result.

This form should be read in conjunction with the *Assessment Policy* which can be downloaded from the Policy Library.

APPLICATION PROCESS

Students requesting special consideration must complete this form clearly setting out the circumstances for the request and attach at least one of the following supporting documents:

- medical certificate or letter of support from a medical professional, counsellor, lawyer or psychologist
- death notice or death certificate and evidence of the family relationship
- police report
- letter from the Department of Defence, Justice or Emergency Services (or appropriate body)
- statutory declaration from people to the circumstances

Medical certificates and letters of support must include a specific statement confirming the nature and impact of the extenuating circumstances and that, in their professional opinion (not the student's opinion), the student is/was unable or unfit to complete the assessment as scheduled, and meet the following criteria:

- be issued by a registered medical practitioner, counsellor, lawyer or psychologist on official letterhead and include the provider, licence, registration number
- provide reasonable detail about the circumstances and the impact on the student
- state the length of time the student is unfit or unable to study and/or complete the assessment
- include their contact details and the dates of consultation

Ikon will only consider an application eligible for assessment when all sections have been filled-in and the relevant supporting documentation is attached. Applications that are incomplete or not supported by sufficient evidence may not be accepted.

An application for special consideration must be genuine and made with good intent. Submitting a false or misleading application to gain academic advantage is considered an act of academic misconduct and is subject to disciplinary action.

Students can only apply for special consideration once for per assessment task.

LOGGING AN APPLICATION FORM

Application forms, attaching the relevant supporting documentation, must be lodged with Student Experience via email to experience@ikon.edu.au. Application should be made as early as possible but at least three calendar days prior to the assessment due date as specified in the subject outline.

Where an application is made outside three calendar days of the assessment due date, the application must include explanation for the delay in lodgement. Late applications will be assessed at the discretion of the Head of Faculty who will exercise judgement in determining where retrospective extenuating considerations may be appropriate.

ASSESSMENT & NOTIFICATION OF OUTCOME

Applications must clearly demonstrate that it meets the eligibility criteria as identified in the *Assessment Policy*. An application for special consideration does not guarantee the request will be granted. It is decided on the basis of the application and the evidence supplied.

Student Experience will assess the application and advise the student of the decision in writing via email within two calendar days of the application submission date.



IMPORTANT: The notification will be sent by email. It is your responsibility to check your email inbox. It is vital you are aware of the decision in the event a new due date or assessment task has been assigned as a result of special consideration being granted.

Special consideration will not be granted where it is reasonable to consider the circumstances could have been prevented, avoided or the effects minimised with reasonable effort. Where an application is denied, the set due date will stand and standard late penalties will apply (see the *Assessment Policy* for more information about late submission penalties).

Where a request for special consideration is made by an international student, and the decision to deny may affect their course progression or ability to complete the course in the duration recorded in their Confirmation of Enrolment, Ikon is required to report the change to the Department of Home Affairs.

Students have the right to appeal a decision for special consideration.

The application and decision will be stored in the student file.

APPLICATION FOR SPECIAL CONSIDERATION



A. PERSONAL DETAILS

Given Name:	Family Name	Student ID
Address		
Suburb	State	Postcode
Mobile		
Email		

B. ASSESSMENT DETAILS

Course Title				
Subject Name				
Campus Location		Lecturer Name		
Assessment Task (tick as appropriate)	Examination Other (please specify)	Practical Task	Presentation	Written Task

Students are required to complete the table below based on the Assessment Task selected above. A separate form must be completed for each assessment task for which you are seeking special consideration.

EXAMINATIONS			
Date of Exam	Select Type of Examination:		
	In-Class Test		
Weighting	Final Exam		
Special Consideration Request *	Deferred Assessment Alternative Assessment		
Did you sit the exam?	Yes	No	
Did you complete the exam?	Yes	No	
If yes to either question above, did you declare diminished capacity as a result of the extenuating circumstances to the Exam Invigilator before the exam commenced?			
Yes	No		

ALL OTHER ASSESSMENT TASKS			
Set Due Date	Select Type of Task:		
	Individual Task		
Weighting	Group Work		
Special Consideration Request *	Extension to Set Due Date Proposed Due Date (specify below)		
	Deferred Assessment Alternative Assessment Adjustment to an Attendance Result		
Did you submit any work on the set due date?	Yes	No	
Have you started? Is your work in progress?	Yes	No	
Have you previously been granted an extension?	Yes	No	

* Description of the types of Special Consideration Requests:

Extension to Set Due Date up to 10 calendar days may be requested where extenuating circumstances will prevent, or prevented, submission on the set due date as per the subject outline.

Deferred Assessment may be requested when extenuating circumstances will prevent attendance or completion of an assessment task that was scheduled to occur on a specific date such as an examination, presentation, performance, peer discussion, in-class test or quiz.

Alternative Assessment may be requested when extenuating circumstances prevented attendance or completion of an assessment that was scheduled to occur on a specific date/time such as an examination, presentation, peer discussion, in-class test or quiz, or had a serious adverse impact on performance in an assessment task. The alternative assessment will be equivalent to, but not identical to, the scheduled assessment.

Adjustment to an Attendance Result may be requested when extenuating circumstances prevented achievement of attendance requirements.

APPLICATION FOR SPECIAL CONSIDERATION

Student ID:

Course:

C. SPECIAL CONSIDERATION DETAILS

Grounds for Application	Medical Reasons	Hardship or Trauma	Compassionate Reasons
How long have your studies been affected?	days	weeks	months

Application Statement

A detailed statement outlining the grounds for your application must be provided below. Your statement should explain the impact of the extenuating circumstances on your ability to study and complete the set assessment task on or by the set due date. Your application must also attach relevant supporting documentation to evidence the circumstances and your statement. Where an application is being made outside three calendar days of the assessment due date, your statement must include explanation for the delay in lodgement.

Are you able to implement strategies to improve the situation?

Have you applied for special consideration before?

Yes

No

D. STUDENT DECLARATION

In signing below, I acknowledge, confirm and accept:

I have read the *Assessment Policy* and understand the process for the application and assessment of special consideration requests.

All information provided in this application is true and correct. I consent and give Ikon permission to contact medical practitioners or other relevant parties to verify the authenticity of my claims and supporting documentation and to seek further information about the originating source to make an informed decision about this application. I understand that I may be asked to provide a more specific consent to disclosure of information should this be required by Ikon.

It is my responsibility to establish sufficient grounds for special consideration and to provide the evidence to support my claims. I understand application does not guarantee the request will be granted and that it is decided on the basis of my application and the evidence supplied.

Ikon reserves the right to vary or reverse any decision in relation to this application on the basis of incorrect or incomplete information. I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information.



Student Signature

Student Name

Date

APPLICATION FOR SPECIAL CONSIDERATION

Student ID:

Course:

OFFICE USE ONLY

A. PRELIMINARY ASSESSMENT

Date Application Received

SET Member Name

Is the application completed in full with reasonable detail provided?

Yes

No

If no to either question, date the application was returned to the student:

Are the required supporting documents attached?

Yes

No

B. SPECIAL CONSIDERATION ASSESSMENT

Assessor Name & Position *(include the Head of Faculty and/or Lecturer if consultation is sought)*

Date Application Assessed

Decision

GRANTED

Adjustments

Extension to Due Date

Adjusted Due Date:

Deferred Assessment

Alternative Assessment

Adjustment to Attendance Result

Details

Penalties and/or conditions to be applied (if applicable)

DENIED

Reasons for denying the request for special consideration



Assessor Signature

Assessor Name

Date

C. NOTIFICATION OF DECISION

Actioned	Notice of Decision Issued	Canvas Updated	Impact on Student Visa Checked (if applicable)	Lecturer Advised of Change	Application, Assessment & Outcome in Student File
Date					
SET Member Name			Closed (Date)		