

# SPECIAL CONSIDERATION - EXAMINATION

(Consideration in marking an examination paper)

SP1 & SP2 Formal exam periods & supplementary/deferred exam periods

## 1. PERSONAL DETAILS

Student number (8 or 10 digits):

Degree: \_\_\_\_\_

e.g. BA, BEd, etc.

Title: Dr  Mr  Mrs  Ms  Miss  Other: \_\_\_\_\_

Family name: \_\_\_\_\_ Given names: \_\_\_\_\_

Phone number (day contact): \_\_\_\_\_ Email: \_\_\_\_\_

Subjects: \_\_\_\_\_

Only subjects for special consideration e.g. LA1002, BT1020 -P, etc.

A medical certificate, counsellor certificate or a Statutory Declaration and any other relevant documentation must accompany this form.

**Documents MUST be originals or certified copies of originals. Emailed and faxed copies are not originals and will not be accepted.**

Campus: Townsville  Cairns  Other

Are you an international student? Yes  No

I agree that this form, and any documentation supplied will be sent to the subject lecturer: Yes  No

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Forms must be submitted in person or by post to the Student Centre, Education Central, building 134 (Townsville) or Building A1 (Cairns), up to and including the day of the exam. Forms are not to be submitted directly to the examiner or college.**

### EXAMINATIONS USE ONLY

Date entered: \_\_\_\_\_ Date sent to College \_\_\_\_\_ Initials \_\_\_\_\_

## 2. TO BE COMPLETED BY A MEDICAL PRACTITIONER OR COUNSELLOR

Name of Medical Practitioner/Counsellor: \_\_\_\_\_

Address of medical clinic: \_\_\_\_\_

Dates of consultation (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Student will sit the examination on: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Student sat the examination on: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide comment on nature or seriousness of condition and its impact on the students ability to sit examination:

Very severe  Severe  Mild  Moderate

Comment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

## 3. COLLEGE OFFICE USE ONLY

(NB: FINAL DECISION (RESULT ATTAINED WITH/WITHOUT CONSIDERATION) TO BE ENTERED ON 'EXAMINERS RETURN')

Recommended:  Yes  No Examiner: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Recommended:  Yes  No College Dean: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved:  Yes  No Divisional DVC: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**After signing, send to College Administration Officer for filing. Do NOT return to Examinations.**

## SPECIAL CONSIDERATION IN AN EXAM

Applying for special consideration is recommended in situations where a student considers before and up to the day of the exam their preparation has been/or is adversely affected by certain circumstances (eg medical, trauma etc).

Applying for special consideration **will not** normally be granted when two or more exams are scheduled consecutively or when two exams are scheduled within 24 hours.

Applications made on medical grounds **must** be accompanied by a medical certificate. Alternatively section 2 on the front of this application form may be completed by a medical practitioner.

Applications made on psychological grounds **must** be accompanied by a counsellor certificate or letter. Alternatively section 2 on the front of this application form may be completed by a counsellor.

The medical and counsellor certificates **must** provide sufficient information on which to make a determination regarding the application.

Applications made for reasons other than medical/psychological **must** be supported by relevant documentation, including a Statutory Declaration stating the facts on which the application relies.

All documents provided **must** be either the original document or a certified copy of the original. Faxed and emailed documents will not be accepted of any extra documents provided.

If special consideration is approved, it means consideration is given when the examiner is marking the student's exam scripts. In some circumstances and if applicable to college rules an examiner may recommend a supplementary exam ('NS' result) be granted.

Examiners **do not** advise students unofficially of subject results - includes 'NS' (supplementary exam granted). Students will only be notified when subject results are officially released.

## DEFERRING A SUPPLEMENTARY OR DEFERRED EXAM

As there is no designated formal exam period approved by the University Council, applications to apply to defer a supplementary or deferred exam will be accepted from students **but** will only be approved if the relevant College Dean considers the circumstances exceptional.

## SITTING EXAMS OFF-CAMPUS (internal students only)

Students are expected to sit exams (exception is exams held in January) on their home campus and approval (from Examiners and the Manager, Examinations & Progression) to sit away will not be granted unless proven 'extenuating' circumstances exist. Original documentation which supports the reason for the application must be included. Sitting off campus incurs a fee to be paid to the University.

### Enquiries to the Student Centre:

#### Townsville

Student Centre  
Education Central (Bld. 134)  
James Cook Drive  
Enquiries@jcu.edu.au

#### Cairns

Student Centre  
Chancellry Building (Bld. A1)  
McGregor Road  
Enquiries@jcu.edu.au