1. PERSONAL DETAILS

Student number (8 or 10 digits): 

Degree: ____________________________________________________________

Title: Dr □ Mr □ Mrs □ Ms □ Miss □ Other: ____________________________

Family name: ____________________________________________

Given names: __________________________________________________________________________________

Phone number (day contact): __________________________

Email: ____________________________________________________________________________

Subjects: __________________________________________________________________________

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.

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
Chancellery Building (Bld. A1)
McGregor Road
Enquiries@jcu.edu.au