

INTRODUCTION

MIT is dedicated to providing fair, equitable, consistent and transparent assessment practices for all students. Occasionally, due to illness or adverse personal circumstances beyond their control, students may be prevented from:

- completing an assessment task by the due date or attending an exam, or
- completing an assessment task to the best of their ability.

In recognition of this, MIT has set in place procedures that allow students to apply for special consideration for those assessments they believe are affected by any of the above circumstances.

ELIGIBILITY FOR SPECIAL CONSIDERATION

Students may apply for special consideration if unanticipated events during the trimester (e.g. illness, bereavement, personal trauma) impact the student's ability to attempt or complete an assessment item to the best of their ability. Students who are uncertain about their eligibility should contact the Academic Coordinator or Student Support Officer or ELICOS Director of Studies

SPECIAL CONSIDERATION WILL NOT BE CONSIDERED FOR STUDENTS:

- who fail to note correct assessment dates/times/venues
- who take annual leave/personal holiday during trimester/assessment period
- with high workloads/increased hours from employers or other organisations
- who anticipate a change of employment
- who attend events (e.g. conferences, weddings) at the time the assessment is due
- with computer related problems (unless supporting evidence from an IT service is supplied)
- who submit incomplete or inadequate supporting documentation
- who submit requests outside the designated time frames.

While this list is not exhaustive, it outlines common reasons where students will not be granted special consideration. Each application will be assessed on its merit.

HOW DO I APPLY FOR SPECIAL CONSIDERATION

Students should:

- Complete the Application Form for Special Consideration electronically, save the form and email it to the Academic Coordinator or ELICOS Director of Studies or hand in to MIT reception.
- Attach any Medical Certificate or Absence from Work Certificate and/or any other relevant documentation (e.g. Death Certificate, legal documents, etc) to the application. Please note that any Medical Certificates or Absence from Work Certificates must be issued within 24 hours of the assessment due date and cover the date of the assessment or be issued on the date of the assessment. Medical Certificates or Absence from Work Certificates issued after the assessment due date will not be accepted.
- Submit the form to MIT prior to or within 24 hours of the relevant assessment.

Applications for Special Consideration will not be considered after the above time frame unless evidence can be provided that the request could not be submitted within the time frame.

HOW IS THE APPLICATION PROCESSED?

Please note that special consideration is not automatically guaranteed and every application is individually assessed. The student may be required to meet with the Academic Manager or ELICOS Director of Studies to discuss the application. Timely consideration is given to every application, after which the Academic Coordinator will notify the student in writing of the outcome.

POSSIBLE OUTCOMES OF A SPECIAL CONSIDERATION APPLICATION

Applications for special consideration must be made using the special consideration form as soon as possible before the due date of the assessment (or within 24 hours after the event).

Options for students may include:

- sitting the exam at another scheduled date
- completing an additional assessment item
- having their assessment grade or final grade adjusted, or
- having extra time to complete their assignment (or complete a different assignment if available).

SPECIAL CONSIDERATION FORM

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY.

PERSONAL DETAILS

Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)	
Family name	
First name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
Date of birth (dd/mm/yy)	Student ID
Telephone number	
Email	
Full address	
City	Postcode
Country	

ENROLMENT DETAILS

<input type="checkbox"/> Murdoch University Preparation Course
Diploma programs
<input type="checkbox"/> Diploma of Business
<input type="checkbox"/> Diploma of Information and Communication Technology
ELICOS programs
<input type="checkbox"/> English for Academic Purposes
<input type="checkbox"/> General English

SPECIAL CONSIDERATION INFORMATION

Subject code, assessment date and assessment	
1. Subject:	Teacher:
Assessment Date:	<input type="checkbox"/> Assignment <input type="checkbox"/> Exam <input type="checkbox"/> Other:
2. Subject:	Teacher:
Assessment Date:	<input type="checkbox"/> Assignment <input type="checkbox"/> Exam <input type="checkbox"/> Other:
3. Subject:	Teacher:
Assessment Date:	<input type="checkbox"/> Assignment <input type="checkbox"/> Exam <input type="checkbox"/> Other:
4. Subject:	Teacher:
Assessment Date:	<input type="checkbox"/> Assignment <input type="checkbox"/> Exam <input type="checkbox"/> Other:
Why are you requesting special consideration:	
<input type="checkbox"/> I could not complete my assessment <input type="checkbox"/> I could not complete my assessment by the due date <input type="checkbox"/> My performance was affected in the assessment <input type="checkbox"/> I will not be able to complete my assessment <input type="checkbox"/> I will not be able to complete my assessment by the due date <input type="checkbox"/> My performance will be affected in the assessment	
Please outline in further detail why you are applying for special consideration in the space below:	

STUDENT DECLARATION

I understand that the submission of an application for Special Consideration does not automatically mean it will be approved. I give MIT permission to contact medical practitioners or other relevant parties to verify authenticity of the supporting documentation I have provided in my application.	
Student's signature	Date

Privacy: We recommend that you read MIT's Privacy Policy published on our website www.murdochinstitute.wa.edu.au/privacy

Return this form to your MIT campus admissions office:

Perth

Building 512, Murdoch University Campus,
 South Street, Murdoch, Western Australia 6150

Tel: +61 (0)8 9360 1700

Email: info@murdochinstitute.wa.edu.au

OFFICE USE ONLY

Date application received by Authorised Representative:		Recommendation (to be completed by Authorised Representative):
Date applicant notified of outcome:	Date of decision:	
Student record updated	Application filed	Outcome (to be completed by Authorised Representative or their delegated authority):
Authorised Representative's signature	Date	