



**Part 5 – Supporting Documentation Attached** (please tick multiple options if appropriate)

- Academic Statement from myUNSW
- Medical Certificate
- Professional Authority Assessment (students are strongly encouraged to submit an assessment by a Professional Authority to enable UNSW@ADFA to make an informed assessment of the effects of the situation on your performance)
- Police Accident Report
- Court Summons
- Birth or Death Certificate
- Other – Specify

**Part 6 – Have You Previously Applied for Special Consideration** (please tick one only)

- Yes – Please specify in which session/s you applied
- No

**Part 7 – Divisional Officer Endorsement** (for Undergraduate Students Only)

I support this *Special Consideration Application* and the student’s claims have been substantiated (students who do not wish to seek the endorsement of their Divisional Officer must attach a Minute to this form outlining the circumstances).

Divisional Officer’s Signature	Date
Divisional Officer’s Name	Division/Telephone Number

**Part 8 – Student Declaration**

I have completed all sections of this form truthfully and completely, and have attached supporting documentation. I have read and understood the *Guidance for Students Seeking ‘Special Consideration for Assessment’* on the UNSW@ADFA Student Gateway.

I understand that submitting a request for Special Consideration does not automatically mean I will be granted additional assessment, or that I will be awarded an amended result. For example, a poor record of attendance or performance throughout the session/year in a course may mean I will be failed regardless of illness or other reason affecting a final examination in that course.

Student’s Signature	Date

**OFFICE USE ONLY – Head of School Assessment**

- Approved** – After considering this application I believe the student has made a case which demonstrates the circumstances have had a substantial impact on his/her work.

<i>Comments:</i>

- Denied** – I do not believe the circumstances outlined in this application have had a substantial impact on the performance of this student and special consideration is not granted.

Head of School Signature	Date

**Actions:**

- Student notified of outcome (School to complete).
- Paperwork returned to Student Administrative Services (School to complete).
- Decision noted in Special Consideration Database (Student Administrative Services to complete).

**SPECIAL CONSIDERATION APPLICATION  
PROFESSIONAL AUTHORITY ASSESSMENT  
(In Confidence When Completed)**

**UNSW@ADFA**

Phone: +61 2 6268 6000  
Fax: +61 2 6268 8666  
Email: sas@adfa.edu.au  
Web: www.unsw.adfa.edu.au/student

*This section is to be completed by a Professional Authority (such as a Doctor or Psychiatrist) who is asked to sign and stamp this form. If a stamp is not available, the Professional Authority is requested to attach a separate official certificate which provides the information requested below.*

The assistance in providing this additional information regarding the student's situation is greatly appreciated. The information supplied will enable UNSW@ADFA to make a more informed assessment of any potential impact on the student's academic performance, and any consideration that should occur.

Student's Surname	Student's Given Names

Nature of Illness/Misadventure (please attach additional information if necessary)

**Date(s) or Period(s) of Illness or Misadventure**

From	To

**Assessment of severity of illness or misadventure (please tick one only)**

- Mild
- Moderate
- Severe

**Assessment of the likely effect on the student's capacity to undertake the assessment (please tick one only)**

- Mild
- Moderate
- Severe

**Professional Authority Details**

Name	
Profession	
Signature	
Date	