



Students must complete the top section of the form. Students must complete one form for each piece of assessment where Special Consideration is sought.

ACADEMIC JUDGMENT FOR SPECIAL CONSIDERATION		
Student Details:		
Family Name:	Given Names:	Title: Miss / Ms / Mrs / Mr <i>(please circle)</i>
SID:		
Assessment for which Special Consideration is sought:		
Unit of Study:		
Assessment:	Due Date:	

For Faculty Use Only:

Academic Judgment:

- | | |
|---|---|
| <input type="checkbox"/> Alternative assessment approved | <input type="checkbox"/> Mark to be adjusted (if appropriate) |
| <input type="checkbox"/> Application declined | <input type="checkbox"/> No action required |
| <input type="checkbox"/> Assessment marks to be averaged | <input type="checkbox"/> Permission granted to make-up assessment |
| <input type="checkbox"/> Resubmission of assignment approved | <input type="checkbox"/> Extension approved |
| <input type="checkbox"/> Retest approved | <input type="checkbox"/> Further examination approved |
| <input type="checkbox"/> Weighting of assessment items changed | <input type="checkbox"/> Late submission penalty waived |
| <input type="checkbox"/> Exemption approved | |
| <input type="checkbox"/> Decision deferred until Semester results available | |

Additional Information / Reason for Judgment:

Revised due date (if applicable): ____ / ____ / ____

Name: _____ Signed: _____ Date: ____ / ____ / ____

Name: _____ Signed: _____ Date: ____ / ____ / ____

Date Student notified of Academic Judgment: ____ / ____ / ____

