

# MFS26:Requestfor Special Consideration Form

## IMPORTANT INFORMATION - READ FIRST

- **Submission Deadline:** Within **3 working days** of assessment due date
- **Submit To:** Student Administration Manager, Student Services Office, Level 4
- **Email:** [student.services@menzies.vic.edu.au](mailto:student.services@menzies.vic.edu.au)
- **Decision Timeline:** You will be notified within **10 working days** of submission
- **Appeals Available:** MITP07 Complaints and Appeals Policy if unsatisfied with outcome
- **Wellbeing Support:** Counselling and support services available through Student Services

STUDENT DETAILS							
Student Name:							
Student ID Number:							
Contact Phone:							
Contact Email:							
CourseCode & Title:							
ASSESSMENT DETAILS					ASSESSOR USE ONLY		
Unit Code	Unit Name	Assessment Task Number	Assessment Task Due Date	Approved		Reason for Not Approved	Assessor Signature
				Yes	No		



**REASON FOR SPECIAL CONSIDERATION**

*Provide reasons for your special consideration request. (i.e. illness, bereavement, etc.)*

**NOTE:** Normal risk situations (work demands, celebrations, general study difficulties) do not qualify for special consideration per MITP91 policy.

**Impact on Studies**

*Explain specifically how these circumstances prevented you from completing the assessment(s)*

**REQUIRED EVIDENCE CHECKLIST**

*IMPORTANT: Applications without supporting evidence will not be considered*

- Medical certificate** (for illness/medical reasons)
- Death certificate** (for bereavement - certified copy)
- Police report** (for emergency/trauma circumstances)
- Statutory declaration** (for circumstances without official documentation)
- Professional documentation** (counsellor reports, hospital records, etc.)
- Other supporting evidence** (specify): \_\_\_\_\_

**STUDENT DECLARATION**

I declare that:

- The information provided is accurate and true
- I understand that false or misleading information may result in disciplinary action
- I have read and understand MITP91 Special Consideration Policy

Signature		Date	
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<b>ASSESSOR USE ONLY (To be completed by Head of Course/Trainer/Assessor)</b>				
Assessment Outcome:	<input type="checkbox"/>	<b>APPROVED</b> - Special consideration granted		
	<input type="checkbox"/>	<b>DECLINED</b> - Special consideration not granted		
Additional comments including specific outcomes of the decisions.				
Assessor Name:		Signature:		Decision Date:

<b>OFFICE USE ONLY</b>	
<b>Processing Time:</b>	_____ days ( <i>Target: ≤10 days</i> )
<b>Student Satisfaction:</b>	_____ /5 ( <i>if feedback received</i> )
<b>Appeal Lodged:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Wellbeing Support Accessed:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown