

## APPLICATION FOR *REVISION* OF SPECIAL CONSIDERATION

A **revision** to Special Consideration may include a further extension to an approved Special Consideration application or other arrangements to allow you to meet Progression Rules. A request to alter a Special Consideration must be made before any revised due dates set by the Special Consideration agreement have passed. Please refer to **Section 13.5.2 Revision to an Agreement** in the [AFTRS Student Handbook](#) for more information.

Special Consideration applications require **additional** supporting documentation and approved by the Director of Teaching and Learning. To apply, you must submit this form completed and signed with additional supporting documentation via email to [StudentEngagementManager@aftrs.edu.au](mailto:StudentEngagementManager@aftrs.edu.au) prior to the approved Special Consideration due dates.

### 1. STUDENT DETAILS

|         |  |             |  |
|---------|--|-------------|--|
| Name:   |  | Student No. |  |
| Course: |  |             |  |

### 2. REASON FOR REVISION

Please provide in the box below the reason for requesting a revised Special Consideration:

### 3. SUPPORTING DOCUMENTATION

Additional documentation is required to process this application. Documentation is required to support the nature of this application which you identified in **2. Reason for application** in the box above. Please refer to **Appendix A: Supporting Documentation and Evidence** in the [AFTRS Student Handbook](#) to understand these specific requirements. The Student Centre can support you if you are unsure about documentation requirements. Please email the documentation with this completed application form to [StudentEngagementManager@aftrs.edu.au](mailto:StudentEngagementManager@aftrs.edu.au). Once received and reviewed, the application may be recommended to the Director of Teaching and Learning for approval.

### 4. ASSESSMENT TASK DETAILS AND DUE DATE

Please list below any assessments that you are applying for a **revised** Special Consideration. You can refer to the Assessment Overview page in Moodle for details

| Subject Name: | Assessment Number: | Assessment Name: | Approved due date as per Special Consideration application: | Proposed Assessment Due Date: | Approved Assessment Due Date<br>(Office Use Only) |
|---------------|--------------------|------------------|-------------------------------------------------------------|-------------------------------|---------------------------------------------------|
|               |                    |                  |                                                             |                               |                                                   |
|               |                    |                  |                                                             |                               |                                                   |
|               |                    |                  |                                                             |                               |                                                   |
|               |                    |                  |                                                             |                               |                                                   |
|               |                    |                  |                                                             |                               |                                                   |
|               |                    |                  |                                                             |                               |                                                   |
|               |                    |                  |                                                             |                               |                                                   |
|               |                    |                  |                                                             |                               |                                                   |

### 4. STUDENT DECLARATION

I declare the information I have submitted in this application is true, correct and not misleading. I understand giving false or misleading information may also be an offence under the Criminal Code. For that reason, AFTRS may either not process my application or vary or reverse any decision concerning my application. [I authorise AFTRS to contact any person or organisation listed on my supporting documents for the purpose of verifying the information.]

|         |  |       |  |
|---------|--|-------|--|
| Signed: |  | Date: |  |
|---------|--|-------|--|

### 5. PRIVACY INFORMATION

AFTRS requires the information you give in this application, and in supporting documents, to process the application. Where required to meet AFTRS' legal or administrative obligations, AFTRS may disclose information to other Australian government entities. AFTRS collects and deals with your personal information according to Australian privacy law and AFTRS' [Privacy Policy](#). This policy sets out how you may access and correct the personal information AFTRS holds about you, and how you may complain about any privacy breaches.

OFFICE USE ONLY:

|                                                                                                                |       |  |
|----------------------------------------------------------------------------------------------------------------|-------|--|
| Application received in the Student Centre                                                                     | Date: |  |
| Application complete with all required documents      Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: |  |

## 6. RECOMMENDATION AND APPROVAL

|                                      |                                          |            |       |
|--------------------------------------|------------------------------------------|------------|-------|
| Head of Student Centre or delegate:  |                                          |            |       |
| <input type="checkbox"/> Recommended | <input type="checkbox"/> Not Recommended | Signature: | Date: |
| Comments (if applicable):            |                                          |            |       |

|                                                |                                       |            |       |
|------------------------------------------------|---------------------------------------|------------|-------|
| Director of Teaching and Learning or delegate: |                                       |            |       |
| <input type="checkbox"/> Approved              | <input type="checkbox"/> Not Approved | Signature: | Date: |
| Comments (if applicable):                      |                                       |            |       |

## 7. STUDENT CENTRE ACTION:

|                                                                             |
|-----------------------------------------------------------------------------|
| Advise Program team of outcome                                              |
| Advise student of outcome                                                   |
| Update assessment due dates in Moodle                                       |
| Upload application form and additional supporting documentation to Paradigm |