

SPECIAL CONSIDERATION FORM

OUTCOME

Outcome Denied

Reason for decline: Assessment Late Lodgement No Documents Date Mismatch

Outcome Approved

All Assessments completed

Checked by:

Date:

Approved by:

Signature:

Date:

SECTION 1: STUDENT DETAILS

Student Name:

Student ID Number: **S**

Student Email:

Student Mobile:

Applications for special consideration must be made no later than 3 days (including weekends) after the scheduled date of an assessment task, and together with applicable evidence, submitted to BPP Institute Reception Desk on Level 4. Please check the Special Consideration Policy for eligibility details.

UNIT DETAILS (Please complete and select the appropriate boxes)

Unit Code:	Unit Title:
Lecturer:	
Assessment Tasks	
<input type="checkbox"/> Quiz	
<input type="checkbox"/> Assignment	
<input type="checkbox"/> Mid-Term/Mid-Semester Test/Exam	
<input type="checkbox"/> Final Exam**	
<input type="checkbox"/> Other (Please specify):	
Date of Task:	

** All other assessment tasks must have been attempted for the Final Exam.

REASON FOR APPLICATION

- Non-Medical (complete Section 2)
- Medical (complete Section 3)

SECTION 2: NON-MEDICAL REASONS

For non-medical reasons, please describe your reason:

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.....

Supporting documentation provided, for example, a police report, death notice, or certificate. Please list:

.....

.....

SECTION 3: MEDICAL REASONS

For special consideration on medical grounds, a standard medical certificate is not sufficient. This form, together with the completed Medical Authority Form in Appendix 1, must be received by Academic Services (in person or via email to [Academic Services](#) no later than 3 days (including weekends) after the scheduled date of an assessment task.

SECTION 4: STUDENT DECLARATION

I,, as a student of BPP Institute, hereby consent to the reasonable disclosure of my medical condition by the medical practitioner indicated in the medical certificate that I attach to this application. I understand that this information is required for the Institute to make an informed decision in regard to this application. I hereby declare that the information that I have provided in this application is true and accurate, and I acknowledge that the provision of misleading or false information will result in disciplinary action.

The student has agreed to the above stipulations as indicated by their signature below:

Student Signature:

Date:

SECTION 4: STUDENT APPLICATION NOTIFICATION

Acknowledgement of your application for special consideration for the final exam will be forwarded to your BPP Institute student email address within three working days of receipt of your application.

Please note that if your special consideration application relating to the Mid-Term/Semester Test/End of Term Semester Exam is successful, the examinations will be held at the end of the Term/Semester. Please ensure that you are available during this week if your application is approved. This form aligns with BPP Institute’s Assessment Policy, Special Consideration Policy, and Procedure. Please refer to the policies and/or procedures on the BPP website, [BPP Institute](#) for more information.

PRIVACY STATEMENT

BPP Institute collects personal information about you for processing and handling this application. You must supply us with current and accurate details to process your application. We may also collect and use your information to improve our products and services. BPP Institute will ensure that your personal information is always stored securely and will not be traded improperly. Any disclosure of your data and personal information will be made in strict adherence to BPP Institute’s Privacy and Personal Information Policy and the Privacy and Data Protection Act 2014 (VIC). Please contact Student Experience if you have any concerns or make a privacy complaint at [Student Experience](#).

OFFICE USE ONLY

Is this form complete? Yes No If no, date returned to student:

This form must be completed in full before submitting for approval. Any incomplete field will render the request void. An incomplete form should be returned to the student for completion. Once a completed request has been submitted, please sign this form. For the final exam, the decision will be made by the Dean, and all other assessment tasks by the Unit Coordinator.

Staff Signature:

Date:

APPENDIX 1: MEDICAL AUTHORITY FORM

Medical Practitioner to complete:

I, hereby declare that I have examined on

and have determined that: The student is suffering from a condition that prevents him/her from undertaking the assessment tasks as indicated in Part 1 of this application. The student has informed me that he/she was unable to undertake the assessment task on the indicated date, and based on my examination, I agree that this is likely. It is my professional opinion that the condition for which the student is requesting special consideration is:

Ongoing Short-term Permanent Infectious

Please indicate the period to which this medical analysis applies:

Date/s: From to

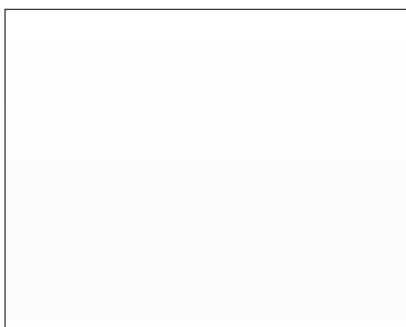
Name of Medical Practitioner:

Registration Number:

Address of Practice:

Phone Number:

Signature of Medical Practitioner:



Medical Practice/Clinic Stamp