



## What is Academic Consideration?

Academic Consideration is intended to help minimise the impact of compassionate, compelling, or extenuating circumstances beyond a student's control, which significantly impair a student's ability to complete an assessment task on or by the due date as stipulated in the Subject Outline; or which affects Academic Progress in a subject relevant to their course of study. Academic consideration may be granted on the basis of compassionate, compelling circumstances and/or extenuating circumstances.

## Under what circumstances can I apply for Academic Consideration with a Professional Authority Form as Supporting Documentation

Students can apply with the use of this form for the following:

- Short term illness, injury, or health related matter (medical grounds).
- Difficult Personal Circumstances such as: natural disasters, (e.g., fire, floods, earthquakes), housing insecurity, victim of domestic or family violence or abuse, and or family or relationship breakdown, e.g., divorce, separation.
- Loss or bereavement
- An adverse experience (witnessing a serious accident, eviction notice or being the victim of a serious crime)
- Unavoidable commitments such as:
  - One-off unusual work commitments that cannot be changed
  - Weddings that can be expected and anticipated may be considered for assessments that are held in person on the same day but are unlikely to be considered for assessments such as assignments where students can plan for this event occurring.
  - Significant Religious Commitments
  - Unavoidable medical appointments
  - Legal commitments or jury duty
  - Unexpected carers duties for a close family member or household members for whom the student is the primary carer for.

## Authorised persons/Professional Authorities who can assist with completing form

The following are acceptable Professional Authority

- Registered Medical Practitioner
- Psychologist
- Counsellor
- UOW Safe and Respectful Communities Officer



STUDENT ADMINISTRATION SERVICES DIVISION Professional Authority Form

TO BE COMPLETED BY STUDENT:

In signing this form, you declare that you have consulted with the professional authority and that you conform with the rules and policies at the University of Wollongong and its campuses. I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information. I certify that, to my best knowledge the information supplied on this form is complete and correct. I give permission for the Professional Authority to provide with the below information requested in the Professional Authority section of this form.

Student Number: \_\_\_\_\_ Student Full Name: \_\_\_\_\_

SOLS Username: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY PROFESSIONAL AUTHORITY

Date of Consultation: \_\_\_\_\_

Period of effect on ability to study (dd/mm/yy)

From: \_\_\_\_\_ to: \_\_\_\_\_

Brief nature of illness, symptoms, circumstances, restrictions on capacity or functionality and other relevant information. Attach additional documentation if necessary. [Four horizontal lines for text entry]

In my professional opinion, this student's ability to perform their academic duties will be adversely affected by their condition during the period noted above.

Title and Name: \_\_\_\_\_

Provider/Registration Number: \_\_\_\_\_

Staff number: \_\_\_\_\_ (For UOW Staff Professional Authorities only)

Phone Number: \_\_\_\_\_

(I authorise UOW staff to contact myself or my office to confirm authenticity of this document if required).

