



**Student ID**

**Given Name**

**Family Name**

**Declaration by the student**

By submission of this Declaration I hereby consent to relevant information being provided by my nominated authorised professional person and agree verification of this certificate can be provided if requested by The University of Western Australia. I understand I must retain the originals of any documents submitted in support of a special consideration request and the University may require the originals to be supplied at any time during my candidature until my degree has been conferred, or my candidature otherwise terminated.

I understand that pre-arranged holiday travel, social events (such as birthdays), general sporting activities, usual rostered work, student's study load, misunderstanding/misreading of an examination timetable or assessment deadline, computer and/or IT (Information Technology) failure are not grounds for special consideration.

**Declaration by authorised professional**

As an authorised professional and by signing this Declaration, I confirm I have reviewed the Application for Special Consideration and verify the reason outlined below as being the impact on the student's capacity to attend classes/tutorials; complete assessment requirements; or be unable to attend their scheduled examination in accordance with the information outlined in their Application for Special Consideration.

**Date range for impact of situation**

**From**

**To**

<b>Grounds for Special Consideration</b>	<b>Required evidential support</b>
Misadventure and non-medical related circumstances/obligations or other factors impacting on study	Special Consideration Declaration signed by authorised professional/ person (eg. UWA staff member, Religious leader, police officer, recognised Elite Athlete or Arts representative, registered social worker) dependent upon the nature of the obligation

Cultural or religious reasons

Elite sport/Art commitment

Other

Misadventure

Matter of undisclosed nature

**Provide additional comments to support the request and attach supporting documents if relevant**

**Contact details authorised person**

**email address**

**Name**

**Contact number**

**Position Title**

**Organisation**

I declare that I am not a family member and do not have a close or personal relationship with this student. I authorise The University of Western Australia to contact me or my office to confirm authenticity of this document.

**Signature**

**Date\***

**\*Date the declaration was written and issued**

**Please save this document with the Student name and ID in the document name**