

5 - STUDENT DECLARATION

I declare that the information provided by me on this form is true and correct.

I agree that UWS may seek verification from doctors or agencies that the certificates have been issued by them. I also agree to the release of personal information about me for the purpose of assessing this application.

Student's signature

X SIGN HERE

Date / /

Date Received

6 - MEDICAL CERTIFICATE

Applications based on **unforeseen, severe and/or grave illness** will not be considered unless a medical certificate is provided. The certificate must be completed by a registered medical practitioner and have the practitioner's provider stamp affixed.

Stress and/or anxiety associated with examinations will not normally be considered.

Name of Practitioner

Provider number

Address

Contact telephone(s)

Date of attendance at surgery

Date / /

Time

Provider's stamp

**MUST BE
AFFIXED
HERE**

If stamp not available signed declaration of provider number on practitioner's letterhead is to be attached to this form.

I certify that (patient's name)

PATIENT'S NAME

is unfit for studies from

Date / /

to

Date / /

Is the severity of the illness such that it would have affected the patient's ability to attempt or perform during the formal exam? Yes No

My assessment of the patient's condition was based on

an examination of the patient

information provided by the patient

I am unable to assess how this illness would affect the patient's capacity to sit a formal exam

Within the limits of patient confidentiality, please state the nature of the problem/illness/difficulty experienced by the patient over this period.

Practitioner's signature

PRACTITIONER'S SIGNATURE

Date

/ /

7 - ASSESSMENT AND GRADUATION APPROVAL (Office use only)

Application eligible

Application not eligible

8 - SPECIAL CONSIDERATION FOR DEFERRED EXAMINATIONS - SCHOOL APPROVAL (Office use only)

Comment:

Outcome

- Exam/Assessment task is to be omitted from the final grade calculation
- Arrange a supplementary examination, to be run by the School
- Setting a different assessment task
- 'I' grade (Incomplete) to be resolved by no later than census date of the teaching session
- No action

Head of School's name (for and on behalf of review panel)

HEAD OF SCHOOL'S NAME

Head of School's signature

HEAD OF SCHOOL'S SIGNATURE

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Factors which WILL NOT normally be considered (Clauses 6b & 6d)

- **routine demands of employment** and employment-related travel
- difficulties **adjusting to university life**, to the self discipline needed to study effectively, and to the demands of academic work
- **stress** or anxiety normally associated with examinations, required assessment tasks or any aspect of course work
- **routine financial** support needs
- **lack of knowledge** of requirements of academic work
- difficulties with **English language**
- difficulties with **visa** arrangements that could have been reasonably anticipated
- **scheduled** anticipated **changes of address**, moving home, house moves etc
- demands of **sport, clubs, social** or extra-curricular activity (other than to represent or participate in state, national or international sporting or cultural events)
- recreational **travel** (domestic or international)
- planned events, such as **weddings**