

Student Administration
Deferred Examination Application

Assessment and Graduation Unit
 Locked Bag 1797, Penrith NSW 2751



**This form is used if you have missed your end of session Final Examination.
 Do NOT use this form if you have attempted the Final Examination.**

You may apply for a deferred exam only in exceptional circumstances where you have experienced serious misadventure, accident or illness beyond your control. The severity and/or gravity of the circumstances must be of such an extreme nature that you will not be able to sit the examination. Vacation, ceremony, family event or normal work will not be accepted as reasons for applying for a deferred exam. A deferred exam is a significant concession and granting is not automatic.

This application must be lodged at a Student Central before 5pm no later than the second working day after the exam.

If you have any problems meeting this deadline, please refer to the Special Consideration policy.

Lodgement of this application does not automatically result in granting of a Deferred Examination.

More information about applying for a deferred examination is available at www.uws.edu.au/deferred_exams.

You can view full details of the Special Consideration policy at www.uws.edu.au/policies.

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. A separate form must be completed and submitted for each exam.

1 - PERSONAL DETAILS

Student ID number Daytime contact phone number

Title Family name

Given name(s)

2 - EXAMINATION DETAILS

List the unit and exam details of the exam you wish to defer

Unit number	Unit name	Campus	Day	Date	Time

3 - REASON FOR APPLICATION

Appropriate documentation is required to verify claims made. You can view the supporting documentation reference list at www.uws.edu.au/special_consideration. **Certificates and supporting documentation signed by family members will not be accepted.** (Refer to clause 29 of the Special Consideration policy at www.uws.edu.au). See page 3 for factors which will not normally be considered.

- | | |
|---|--|
| <input type="checkbox"/> Medical condition or event | <input type="checkbox"/> Substantial change to routine employment arrangements or status beyond your control |
| <input type="checkbox"/> Psychological trauma, impairment or incapacity arising from an event | <input type="checkbox"/> Substantial unanticipated change to routine accommodation and residential arrangement or status beyond your control |
| <input type="checkbox"/> Physical trauma leading to impairment or incapacity resulting from an accident | <input type="checkbox"/> Serious misadventure or other extenuating circumstances |
| <input type="checkbox"/> Financial hardship arising from substantial change to economic circumstances beyond your control | <input type="checkbox"/> Other circumstances: eg military, sporting, cultural, emergency or legal commitments |

4 - 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 understand that sitting a deferred exam may delay my graduation, if I am expecting to graduate in the upcoming ceremonies.
 I also agree to the release of personal information about me for the purpose of assessing this application.

Applicant's signature

SIGN HERE

Date / /

Date Received

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and

5 - 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

I certify that (patient's name) **PATIENT'S NAME**

is unfit for studies from Date / / to Date / /

Is the patient's condition severe enough that it prevents them from sitting 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 / /

Provider's stamp

MUST BE AFFIXED HERE

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

6 - ASSESSMENT & GRADUATION UNIT APPROVAL (Office use only)

Comments

- Deferred exam rejected
 Deferred exam approved
 Exam approved but referred to Head of School because duration of incapacity extends beyond deferred exam period. School to arrange an alternative assessment task or an individual supplementary examination at a time that suits the student.

Assessment & Graduation Manager or Delegate's name **MANAGER'S NAME**

Assessment & Graduation Manager or Delegate's signature **MANAGER'S SIGNATURE**

Date / /

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, 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**