

APPLICATION FOR DEFERRED EXAMINATION

Instructions – read before completing this form

- This application is to be used by students seeking a deferral of their final examination held during the centrally scheduled examination period.
- This application **must** be supported by the required documentation (see below)
- **If seeking a deferred examination on medical grounds, the attached medical certificate must be complete before or on the day of the examination.**
- **This application must be lodged with Student Administration prior to or within three (3) working days after the examination date.**
- If you completed your final examination but consider that your performance was affected by short-term illness or other exceptional circumstances outside your control, you should apply to your course coordinator for special consideration. A special consideration form should be used and is available from your faculty administration

PERSONAL DETAILS

Student ID	Family Name / Surname	Given Name/s	
Contact Telephone Numbers:	Business Hours	After Hours / Home	
	Mobile		
USC Email Address	@student.usc.edu.au		

INTERNATIONAL/STUDY ABROAD/EXCHANGE STUDENTS

<input type="checkbox"/> International	<input type="checkbox"/> Study Abroad/Exchange
Personal Email Address	

COURSES

Course Code	Course Name	Examination Date

GROUND FOR DEFERRED EXAMINATIONS

The following **are** acceptable grounds for applying for a deferral of an examination. They must be accompanied by documentation as required (see below). Please indicated basis of application:

- illness or serious health problem
- serious personal trauma
- a cultural or sporting commitment at State, National or International representative level
- Defence Forces Reserve commitments
- religious obligations
- jury duty
- exceptional family, work or personal circumstances
- serious incapacity during the central examination period

The following **are not** acceptable grounds for applying for a deferral of an examination:

- a. holiday arrangements including international students returning home;
- b. misreading an examination timetable; or
- c. social and leisure events including sporting or cultural commitments not at State, National or International representative level.

SUPPORTING DOCUMENTATION

Students applying for deferral of an examination on medical grounds must have a medical practitioner complete the attached medical certificate, or provide an original surgeon's report or hospital admission record.

Students applying for deferral of an examination on other grounds must provide certified documentation. This would include:

- Compassionate/personal trauma – eg death or serious illness of a close family member or friend. Victim of crime/accident. Supporting evidence must be provided. This may include a letter from a doctor, counsellor, funeral director, or police officer depending on the situation.
- Cultural/sporting/Defence Force/jury duty. Supporting documentation formally confirming the dates of the activity and the student's requirement to attend.
- Religious obligation. Documentation to confirm the student's recognised affiliation with the religious group.
- Exceptional work commitments. Documentation from an employer to confirm the nature of the work commitment to be undertaken at the time of the examination and why it is unavoidable. Note that ordinary work commitments will not be accepted as a reason for a deferred examination.

**SUBMIT TO
STUDENT ADMINISTRATION**

Return address:
Student Administration – ML23
University of the Sunshine Coast
Maroochydore DC QLD 4558

MEDICAL CERTIFICATE FOR DEFERRED EXAMS BASED ON MEDICAL GROUNDS

*Students applying for a deferred exam based on medical grounds **MUST** have a medical practitioner complete this form **before or on the day of the examination**. This completed form is to be returned with your Application for Deferred Examination Form. **Non-specific statements that the patient was suffering a 'medical condition' will not be accepted.***

STUDENT AUTHORITY FOR RELEASE OF INFORMATION

Student ID	Family Name / Surname	Given Name/s	

I hereby authorise the medical practitioner to release the information given on this document.

Signature _____ Date ____ / ____ / ____

MEDICAL EVIDENCE

To enable assessment of an application, it is a requirement under the University of the Sunshine Coast's Assessment Policy that we hold written confirmation that:

- The circumstances were beyond the student's control
- The circumstances did not make their full impact until the date of the exam
- Due to the circumstances, the student was **physically unable** to attend the scheduled examination

Medical Practitioner confirmation is required for:

- when the illness commenced
- when the illness ended (if applicable) and
- any potential implications of the illness on the student's university studies
- any other information we should be aware of to assess this application for a deferred examination

MEDICAL CERTIFICATE

I, _____, a legally qualified medical practitioner, certify that on ____ / ____ / ____

I examined _____
(Patient's name in BLOCK LETTERS)

Date circumstances / illness commenced: ____ / ____ / ____

Date circumstances / illness no longer evident (if applicable): ____ / ____ / ____

Date circumstances prevented the patient from attending the examination: ____ / ____ / ____

The patient is suffering from _____

(Diagnosis to be provided with patient consent where possible) Where the nature of the complaint cannot be divulged for privacy reasons, the University will accept a statement from the medical practitioner indicating that the condition cannot be revealed, provided the following assessment of severity is completed:

Degree to which the patient's ability to sit the examination(s) was/will be affected: Mild Moderate Severe

In my opinion, I believe that due to their circumstances/illness the patient was/will be medically unfit to sit their examination(s) for the dates stated above.

I believe the following information is also pertinent for assessment of the patient's application (please attach additional documents if preferred).

Doctor's Signature:	<u>Doctor's name and address</u> (OFFICAL STAMP)
Date: ____ / ____ / ____	
Are you this student's regular Doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	