APPLICATION FOR DEFERRED EXAMINATION

IMPORTANT INSTRUCTIONS

Before completing this form, read the below:

- This application is to be used by students seeking a deferral of their final examination that is held during the centrally scheduled examination period.
- This application must be supported by the required documentation (see reverse).
- If seeking a deferred examination on medical grounds, the attached medical certificate must be completed before or on the day of the examination. Non-specific statements such as the patient was suffering a ‘medical condition’ will not be accepted.
- This application must be lodged with Student Central prior to your examination or within three (3) working days after the examination date.
- If you complete your final examination but consider that your performance was affected by short-term illness or other exceptional circumstances outside your control, you should apply for a review of final grade based on special consideration once your final grade is released. Visit www.usc.edu.au/assessmentprocedures for more information.

1. PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>USC student ID number</th>
<th>Family name:</th>
<th>Given name:</th>
</tr>
</thead>
</table>

Telephone number:

USC email address: @student.usc.edu.au

Tick box if applicable:
- [ ] I am an international student
- [ ] I am a Study Abroad/Exchange student

2. COURSE/S APPLYING TO DEFER EXAM

<table>
<thead>
<tr>
<th>Course code</th>
<th>Course name</th>
<th>Examination date</th>
</tr>
</thead>
</table>

3. GROUNDS FOR DEFERRED EXAMINATION

The following are acceptable grounds for applying for a deferral of an examination. They must be accompanied by documentation as required. Please indicate 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 original certified documentation. This would include:

- Compassionate/personal trauma – e.g. 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.

STATEMENT OF CIRCUMSTANCES

All students applying for a deferred examination must provide a brief statement of circumstances:
(if insufficient space, please attach additional pages)

STUDENT DECLARATION

- I accept that I must be available to sit any approved deferred examinations during the Deferred/Supplementary examination period specified at: www.usc.edu.au/exams
- I have read the instructions and understand the policies and procedures that relate to this application.
- I authorise staff from the University, where applicable, to obtain a confidential report from the Medical Practitioner giving the medical certificate.
- I authorise the Medical Practitioner issuing the medical certificate where applicable, to provide a confidential report to staff from the University on request.
- I understand that I will be notified of the outcome via email.
- I certify by my signature that all the information I have supplied is true and correct. I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information.

Student signature: __________________________________________ Date: _____________________________
APPLICATION FOR DEFERRED EXAMINATION

MEDICAL CERTIFICATE
FOR DEFERRED EXAMINATION BASED ON MEDICAL GROUNDS

IMPORTANT NOTE
Students applying for a deferred examination 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 within three (3) working days after the examination date. Non-specific statements that the patient was suffering a "medical condition" will not be accepted.

STUDENT AUTHORITY FOR RELEASE OF INFORMATION

<table>
<thead>
<tr>
<th>USC student ID number</th>
<th>Family name:</th>
<th>Given name:</th>
</tr>
</thead>
</table>

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)
- Any potential implications of the illness on the student’s university studies
- Any other information USC should be aware of to assess this application for a deferred examination

MEDICAL CERTIFICATE

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

(Date)

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 information is completed:

☐ 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: ________________________________

Date: _____/_____/_____  

Doctor’s name and address ______________________ (OFFICIAL STAMP)

Are you this student’s regular Doctor? ☐ Yes ☐ No
APPLICATION FOR DEFERRED EXAMINATION

PRIVACY STATEMENT
The University of the Sunshine Coast collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University’s Privacy policy at: www.usc.edu.au/privacypolicy

LODGEMENT

In person: Student Central, Ground floor, Building C
Sippy Downs Campus

Mail: Student Administration – ML23
University of the Sunshine Coast
Maroochydore DC QLD 4558
AUSTRALIA

ENQUIRIES

Email: studentcentral@usc.edu.au
Tel: +61 7 5430 2890
Office hours: Monday – Thursday: 8.30 am – 5.00 pm
Friday: 8.30 am – 4.30 pm

STUDENT ADMINISTRATION USE ONLY

☐ Approved ☐ Not approved

Reason why application is not approved:

☐ Email notification sent to student on DD/MM/YYYY

Name: ______________________ Signature: ______________________ Date: ______________________

☐ Email sent ☐ Grades entered on PeopleSoft ☐ Added to DB ☐ Documents attached

☐ More information required