

APPLICATION FOR SPECIAL EXAMINATION(S)

IMPORTANT: THIS FORM IS ONLY TO BE USED IN RELATION TO A FORMAL SIT DOWN EXAMINATION(S) WHERE CIRCUMSTANCES PREVENT OR HAVE PREVENTED THE APPLICANT FROM SITTING THAT EXAMINATION(S).

THERE ARE SEPARATE FORMS FOR SPECIAL ARRANGEMENTS & SPECIAL CONSIDERATION

(PLEASE USE BLOCK LETTERS)

STUDENT NUMBER	FAMILY NAME	OTHER NAMES
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MAILING ADDRESS: _____ POST CODE: _____

PHONE (Day)	PHONE (Evening)
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EMAIL ADDRESS: _____

SECTION A

To be completed by student			
Courses for which special examinations are sought.			
Course Code	Course Title	College responsible*	Exam Date

*The College responsible means College office for undergraduate students and for postgraduate coursework students this means the College office or the academic area responsible for your program.

Have you submitted any other Special Examination(s) form to any other College for examination(s) undertaken this semester?

Yes No

This form is to be submitted to each of the Colleges responsible for the course(s) listed above. Where more than one College is involved, the originals of your supporting documentation will be sighted, photocopied and signed-off on the original form against the examination for which they are responsible. The last College involved will retain the original form and supporting documents.

<i>Office Use Only- Delegated Authority or College Dean to Approve</i>	
Approved:	Not Approved:
Print Name:	Signature:
Date:	

REQUEST FOR SPECIAL EXAMINATION (S)

The University wishes to ensure that students are adequately and fairly assessed in each course.

This form is to be used for examinations conducted by the Examinations and Graduations Office on behalf of the Colleges responsible for the courses and listed on official Examinations Timetables. In addition to these examinations, these forms may be also be used for examinations conducted within your academic area. E.g. tutorial examinations.

If you were unable to attend a scheduled examination(s) due to illness or other causes that prevented your attendance at the examination(s) then you should complete this form and lodge it with the College responsible for the course(s) listed on this form. They will photocopy your form and supporting documentary evidence, before returning it to you, so that you may take the form to the next College.

Section B is for use by health professionals and / or ANU Disability Advisors who are aware of your illness or other reasons for requesting a special examination. You may present separate supporting documentation from any relevant independent person (or authority) including health professionals. However, this additional documentation should contain information relevant to the information requested in Section B. If a Medical Certificate is provided, please ensure it responds to ALL questions in Section B. If it does not, please ensure the sections are completed in full on the form.

All sections on this form MUST be completed. Incomplete forms will not be granted Special Examination(s).

If for any reason you fail to attend a scheduled examination for a course, this form must be submitted to the College responsible for that course not later than 3 working days after the time fixed for the completion of the examination.

The granting of a request for special examinations is **not automatic** and is at the discretion of the Academic area responsible. Under normal circumstances Special Examinations will be conducted within two weeks of the release of final results.

Mr Tim Beckett
Registrar
2/11/2009

SECTION B (is for the use by health professionals who are aware of your illness or other reasons for requesting a special examination). You must consult with this health professional on or before the day of the scheduled examination.

TO BE COMPLETED BY MEDICAL PRACTITIONER/COUNSELLOR/ ANU DISABILITY ADVISOR ETC (PLEASE USE BLOCK LETTERS AND PROVIDE FULL DETAILS) – ALL QUESTIONS MUST BE ANSWERED.

Student No.	Family Name	Other Names
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Date on which student was seen. _____

Have you consulted with this student prior to this date? _____

Expected duration of illness/problem/disability. (days/weeks/indefinite) _____

Are you the student's normal practitioner? _____

Please TICK the appropriate box/s below.

The student has a serious medical illness / psychological condition for which there is objective evidence.

The student states that a medical illness / psychological condition prevented attendance at the exam(s), and the history the patient has given me is stated on this form. I am unable to provide objective evidence of a serious medical illness / psychological condition.

In your opinion, was the student unfit to sit the examination(s)?

YES unfit from _____ to _____ **NO** **CANNOT ASSESS**

Nature of illness/problem/disability:

PLEASE USE BLOCK LETTERS

If student is unable to attend on the day of the examination, the reason must be fully documented

(eg in hospital, unable to walk)

IF ABLE, A STUDENT MUST ATTEND THE EXAMINATION AND REQUEST SPECIAL CONSIDERATION FOR EXAMINATION(S). Students are reminded that the **granting of this request is not automatic and is at the discretion of the College/School/Centre.**

Name: _____ Signature: _____ Date: _____

Address: _____ Post Code: _____

Contact phone/email: _____

Please affix your Practice Stamp or seal to certify authenticity