Australian National University

***DEFERRED EXAMINATION APPLICATION - SUPPORTING DOCUMENTATION***

**TO BE COMPLETED BY MEDICAL PRACTITIONER / COUNSELLOR or ANU DISABILITY ADVISOR (upon receipt of current appropriate supporting medical documentation)**

| Student No. | Family Name | Other Names |
|---|---|---|
| | | |

Date on which student was seen: ______________________

Date of first onset: ______________________

Expected duration of illness or other causes (days/weeks/indefinite): ______________________

Your assessment of the severity of the illness or other causes (please tick as appropriate).

❑ Mild ❑ Moderate ❑ Severe ❑ Other (Please Specify)

Nature of illness/problem/disability and likely affect on academic performance: **PLEASE USE BLOCK LETTERS**

______________________

______________________

______________________

______________________

______________________

______________________

***IMPORTANT***

**In your opinion, does this medical condition prevent the student sitting examination(s) on** (insert dates)**:**______________________**?**

**YES** ❑ **NO** ❑

**TO BE SIGNED BY MEDICAL PRACTITIONER, COUNSELLOR, ANU DISABILITY ADVISOR ETC.**

Name: ______________________

Signature: ______________________ Date: __________

Address: ______________________

______________________Post Code: __________

**Please affix your Practice Stamp or seal to certify authenticity**

**The University will retain original medical documentation**