

# APPLICATION FORM

## ASSESSMENT TASK EXTENSION or REPLACEMENT EXAMINATION due to MEDICAL OR COMPASSIONATE CIRCUMSTANCES

### SECTION 1: STUDENT DETAILS

Student ID..... Daytime or mobile 'phone number.....  
 Family name ..... Given Name(s).....  
 University email address.....@student.adelaide.edu.au

### SECTION 2: DETAILS OF ASSESSMENT TASK or EXAMINATION

I am applying for:

- Assessment Task Extension(s)** – send completed form to *Course Coordinator or Designated Officer*  
 **Replacement Examination(s)** – send completed form to *Course Coordinator or Designated Officer*

Sem or Term	Subject Area	Cat. No.	Course Title	Assessment Task / Examination	Course Assessmt Value %	Due or Scheduled Date
1	MECH ENG	2019	Dynamics and Control I	Final exam	40%	18 July 2012 *

\*Example only

### SECTION 3: REASON FOR APPLICATION

- Medical** OR  **Compassionate**

(Provide details in your own words, including all relevant dates. Attach additional sheet if necessary).....  
 .....  
 .....  
 .....

### SECTION 4: SUPPORTING DOCUMENTATION ATTACHED TO THIS APPLICATION

- A completed Professional Report (see **Attachment A**)  
 Other documentary evidence (*summarise attached documentation - eg, death certificate, police report*)  
 .....

### SECTION 5: STUDENT DECLARATION

I declare that to the best of my knowledge the information supplied is correct and complete, and that the documentary evidence supporting this application is authentic.

I authorise the University to obtain further information with respect to my application, and the person(s) providing my supporting documentation to release to the University any relevant information necessary to support my application for a modified assessment arrangement.

I acknowledge that incomplete information may result in the application being rejected or returned to me, and that the submission of deliberately incorrect or false information may result in the rejection of my application and/or cancellation of my enrolment.

Student's signature..... Date.....

**Note:** You also need to provide a completed **Professional Report** – see **Attachment A** on pages 2 and 3 of this form.

**To be attached to Application Form for Assessment Task Extension or Replacement Examination on Medical or Compassionate Grounds**

The University of Adelaide's Modified Arrangements for Coursework Assessment (MACA) Policy states that:

*A student is eligible for an Assessment Task Extension or Replacement Examination if:*

- a. the student's capacity to demonstrate their true level of competence in an assessment task was, is or will be seriously impaired because of medical or compassionate circumstances; and*
- b. the student provides documented, independent evidence of the nature of the circumstances and their impact on the student's capacity to demonstrate their true level of competence, as specified on the Application Form.*

The MACA Policy defines medical circumstances as those directly related to serious, personal medical issues; and compassionate circumstances as those outside the student's control and causing serious suffering or misfortune.

This declaration forms the documented, independent evidence referred to above.

The MACA Policy provides that this Application Form must be submitted at least 5 business days before the due or scheduled date of the assessment task or exam, or, if the medical or compassionate circumstances arise on or after this date, within 5 business days of its arising.

**1. STUDENT DETAILS (to be completed in full by student)**

Student ID.....

Family name:..... Given Name(s): .....

Name of Program: ..... Plan (if applicable): .....

**2. ASSESSMENT TASK INFORMATION (to be completed in full by student)**

Code	Course title	Assessment Task	Due or Scheduled Date

**3. DECLARATION BY PROFESSIONAL PERSON**

**3a. MEDICAL**

To be completed by a professional:

- Registered Medical Practitioner or Specialist or
- Registered Dental Practitioner or
- Registered Psychologist

I declare that I had a consultation with this student on [date(s)] ....., and that it is my professional opinion that the student has/had a serious, personal medical issue which began on [date] ....., and which is likely to continue for [number of days] ..... days, and that this issue **will seriously impair or has seriously impaired** the student from demonstrating his/her true level of academic competence by or on the due date of the student's assessment task(s), as listed in Section 2.

I declare that I am not a close relative or associate\* of the student.

Additional comments .....

Professional's signature ..... Date .....

**Go to SECTION 4 below**

\*Close relative or associate includes a partner, spouse, child, sibling, parent, grandparent, uncle or aunt, friend, extended family member, neighbour, partner of child or colleague and anyone involved in the assessment processes of the student's School.

**3b. COMPASSIONATE**

To be completed in full by:

(i) A professional registered with a professional body, such as

- Registered Medical Practitioner or Specialist or
- Registered Clinical Psychologist or
- Social Worker or
- Lawyer

AND/OR

(ii) One (or more) of University of Adelaide professionals with whom you would usually have had significant previous contact, and who would be aware of your relevant personal, family and/or financial circumstances, such as:

- Student Counsellor from the Counselling Service
- Education & Welfare Officer (EWO) from Student Care
- Disability Advisor from Disability Services
- Student Advisor (eg, School or Faculty, Transition & Advisory Service, International Student Centre)
- Other independent professional familiar with your circumstances (eg, Lecturer/Course Coordinator)

I declare that I had a consultation with this student on [date(s)]...; that I have been provided with sufficient independent evidence to satisfy me that compassionate circumstances exist (ie, that there is serious suffering or misfortune outside the student's control); and that it is my professional opinion that these circumstances **will seriously impair** or **have seriously impaired** the student from demonstrating his/her true level of academic competence by or on the due date of the student's assessment task(s), as listed in Section 2..

I declare that I am not a close relative or associate\* of the student.

**Evidence sighted/Additional comments** (Include summary of independent evidence sighted here) .....  
.....  
.....

**Professional's signature** ..... **Date** .....

\* Close relative or associate includes a partner, spouse, child, sibling, parent, grandparent, uncle or aunt, friend, extended family member, neighbour, partner of child or colleague and anyone involved in the assessment processes of the student's School.

**4. PROFESSIONAL DETAILS (to be completed in full by professional person in Section 3a or 3b)**

(Please print)

**Name:**.....  
**Profession/Position:**.....  
 .....  
**Medicare Provider No. (if applicable):** .....  
**Employer or practice name:** .....  
  
**Telephone:** .....  
**Address:** .....

**Professional/Practitioner Stamp or Business Card here:**  
 (This is essential)

**5. PRIVACY**

The University of Adelaide will use the information supplied only for the purpose of consideration of the student's application for a Modified Assessment Arrangement. The information will be stored in accord with the University's Privacy Policy.

**SECTION 6: APPROVAL / REJECTION**

I have considered this application and it is:

**APPROVED**

**CONDITIONAL APPROVAL**

**Further documents/information requested:** Date requested ..... Date received.....

**REJECTED**

- Because application was submitted late: ie, less than 5 business days before scheduled assignment due/examination date, or more than 5 business days after circumstances arose, AND documentation does not justify lateness of application
- Because documentation provided does not adequately demonstrate that circumstances have affected student's ability to demonstrate their true level of competence in assessment task
- Because circumstances do not make student eligible for Extension/Replacement Examination in accord with clause 4.1 of Modified Arrangements for Coursework Assessment Policy.

**SECTION 7: APPROVED MODIFIED ASSESSMENT ARRANGEMENTS**

**7a. ASSESSMENT TASK EXTENSION: Course Coordinator/Designated Officer to complete**

New due date is ..... am/pm on .....

OR

Other modified arrangement is as follows: .....

Conditions (if applicable):.....

**7b. APPROVED REPLACEMENT EXAMINATION: Designated Officer/Committee to complete**

Student to be provided with information specified below:

**For centrally organised examinations:** statement that date and venue of examination(s) is available on Examinations Webpage/Access Adelaide.

**For locally organised examinations:** details of format, time, date and location of examination(s); or referral to Examinations Website/Access Adelaide, if applicable.

<b>Decision Maker's Name/Position</b> .....
<b>Date</b> ..... <b>Signature</b> .....

**SECTION 8: NOTIFICATION TO STUDENT AND OUTCOME RECORDS**

Student advised by email/letter of approval/rejection of Assessment Task Extension/Replacement Exam application, and if approved, referred to or provided with relevant details/conditions, on **[date]**:..... by **[Name/Position]**.....

Details of approved Replacement Examination entered in PeopleSoft Student System on **[date]**:..... by **[Name/Position]**.....