

Section 2: Medical Circumstances

Part. A To be completed by a Medical or Registered Health Practitioner registered with the Australian Health Practitioner Regulation Agency.

Part. B COVID-19 IMPACT - If you were unable to have Part. A completed due to COVID-19 related circumstances, please complete **Part. B** of this **Section 2**.

Guidance Notes for Completion

The student believes that their capacity to demonstrate their true level of competence in the assessment(s) listed in Section 1 has been or will be **significantly impaired** due to a temporary medical issue and is seeking an assessment extension on medical grounds.

The University does not consider the following to be a significant impairment:

1. Minor ailments including but not limited to colds, minor respiratory infections, minor gastric upsets, menstrual irregularities, headaches and stress or anxiety normally associated with study.
2. Ongoing medical conditions that are currently being managed unless there has been an exacerbation of that condition.

If you have any questions please contact your Faculty Office or School.

Part. A

I declare that:

- I had a face to face consultation with the student on at AM PM
DD / MM / YEAR Time
- I am not a close relative or associate of the student.*
- It is my professional opinion that this student has/had an illness or injury, which began on
 and which will or has impact the student's assessment on DD / MM / YEAR
- It is my professional opinion that the student **has presented** with sufficient evidence of a significant impairment to support this application
- OR
- It is my professional opinion that the student **has not presented** with sufficient evidence of a significant impairment to support this application

Additional Comments

Practitioner Signature: Date: Time: AM PM
DD / MM / YEAR

Name		Professional/ Practitioner Stamp or Business Card here:
Profession/Position		
Professional registration number		
Medicare provider number		
Employer or practice name		
Phone		
Address		

* 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 assessment process in the School.

Next steps for Student: Go to Section 5. Read and sign the declaration.

Part. B COVID-19 IMPACT

Guidance Notes for Completion

Attach all available supporting documentation - *if none available indicate this in the below check box*. A minimum 4-5 sentence personal statement is required for Part B applications to be considered.

Please note: documentation is not required for this application to be considered, but should be attached where available. The University may contact you in future for further/additional documentation relating to this application.

**This section is for students who are unable to complete Section 2 Part A due to COVID-19 related circumstances. For example, 'inability to visit a medical practitioner in person'. Students must complete Section 2 Part A where possible.

I declare that:

I have/had an illness or injury, which began on/between

DD / MM / YEAR

and which will or has had an impact my University assessment on

DD / MM / YEAR

I have attached available supporting documentation to this application (can be scanned/copied documentation such as certificates or supporting emails/letters). *Supporting documentation does not need to be original or certified.*

OR

I do not have any supporting documentation to attach

Personal Statement & Criteria - Please outline below a detailed description of your circumstances, how your studies have been impacted, and the reason/s why documentation/relevant signatures were not able to be supplied with this application.

Next steps for Student: 1. Go to Section 5. Read and sign the declaration.

Section 3: Compassionate Circumstances

Part. A To be completed by the student and endorsed by the approved delegate where applicable

Part. B COVID-19 IMPACT - If you were unable to have Part. A completed/endorsed due to COVID-19 related circumstances, please complete **Part. B** of this **Section 3**.

Guidance Notes for Completion

The University does not consider employment commitments, family or customary obligations, balancing workloads, misreading exam timetables, travel, child care, sport, social or leisure commitments as being compassionate circumstances. Applications should not be approved if the circumstances were avoidable and the student had reasonable opportunity to make alternative arrangements. However, the University may consider circumstances outlined above if related to COVID-19 impact.

Part. A

Applying due to:	Circumstance	Evidence required
	Death of immediate family member	e.g. Death certificate, funeral director's statement
	Life-threatening illness of a family member, partner or close friend	Medical/hospital letter
	Dependent has unexpected serious illness requiring student to provide care	Medical/hospital letter
	Victim of a serious crime or involved in a serious accident	Accident report, police report
	Involved in or witness to a serious accident	Accident report, police report
	Substantial & unanticipated financial hardship	Financial documents, e.g. bankruptcy or job termination notice and final payslip
	The break-up of significant personal relationship close to assessment date	Declaration required – please arrange for the declaration below to be completed
	Severe disruption to domestic arrangements or abusive living environment	
	Natural disaster or major political upheaval	
	Technological difficulties (such as technical or connectivity difficulties which impact the completion or submission of an assignment, online assessment or online exam)	A personal statement (minimum 4-5 sentences) detailing the technical difficulties. Screenshots of error messages and technical difficulties. Any other supporting evidence relating to technical or connectivity difficulties.
	Other	Declaration may be required – please arrange for the declaration below to be completed

Declaration (only required if indicated above)

To be completed by a Registered Health Practitioner, University of Adelaide Counsellor, Disability Advisor, International Student Advisor, Education and Welfare Officer or Wirrtu Yarlur Student Service Officer.

I declare that:

- I had a face to face consultation with the student on at AM PM
DD / MM / YEAR Time
- I am not a close relative or associate of the student.*
- (if applicable) I have sighted appropriate evidence to verify the student's circumstances
- It is my professional, independent opinion that circumstances exist which **have or will significantly impair(ed)** the student's capacity to demonstrate their true level of competence in the assessment(s)

Summary

Signature: Date: Time: AM PM
DD / MM / YEAR

*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 assessment process in the School.

Name		Professional/Practitioner Stamp or Business Card here: (not required for University of Adelaide employees)
Profession/Position		
Professional registration number		
Medicare provider number/Staff Number		
Employer or practice name		
Phone		
Address		

Next steps for Student:

1. Ensure you attach required evidence (original or certified copies only)
2. Go to Section 5. Read and sign the declaration.

Part. B COVID-19 IMPACT

Guidance Notes for Completion

Attach all available supporting documentation - *if none available indicate this in the below check box*. A minimum 4-5 sentence personal statement is required for Part B applications to be considered.

Please note: documentation is not required for this application to be considered, but should be attached where available. The University may contact you in future for further/additional documentation relating to this application.

***This section is for students who are unable to complete Section 3 Part A due to COVID-19 related circumstances. For example, 'inability to visit a counsellor in person'. Students must complete Section 3 Part A where possible.*

I declare that:

- I have/had a compassionate/compelling circumstance which occurred on/between DD / MM / YEAR
and which will or has had an impact my University assessment on DD / MM / YEAR
- I have attached available supporting documentation to this application (can be scanned/copied documentation such as certificates or supporting emails/letters). Supporting documentation does not need to be original or certified.
- OR
- I do not have any supporting documentation to attach

Personal Statement & Criteria - Please outline below a detailed description of your circumstances, how your studies have been impacted, and the reason/s why documentation/relevant signatures were not able to be supplied with this application.

Next steps for Student: 1. Go to Section 5. Read and sign the declaration.

Section 4: Extenuating Circumstances

Part. A To be completed by the Student

Part. B COVID-19 IMPACT - If you were unable to have Part. A completed/endorsed due to COVID-19 related circumstances, please complete **Part. B** of this **Section 4**.

Guidance Notes for Completion

The University does not regard travel, balancing workloads including overlapping study periods as extenuating circumstances. Applications will not be approved if your circumstances were avoidable and you student had reasonable opportunity to make alternative arrangements.

Part. A

Applying due to:	Circumstance	Type of evidence required
	Formal legal commitments	Document showing obligations and period for which they apply
	Religious obligations	Letter from leader of recognised religion showing obligations and period for which they apply
	Military service	Official letter from supervising Military officer showing obligations and period for which they apply
	Emergency Management Service	Official letter/document from supervising officer showing obligations and period for which they apply
	Representing University, State or nation at significant sporting/cultural event	Letter from senior representative of the organisation confirming participation in event, and date/place of event
	Student is a University-approved Elite Athlete	A copy of the University of Adelaide Elite Athlete memo. Additional information may be required for a replacement examination application.
	Other	Provide summary below and attach relevant evidence

Additional Comments

Next steps for Student:

1. Ensure you attach required evidence (original or certified copies only)
2. Go to Section 5. Read and sign the declaration.

Part. B COVID-19 IMPACT

Guidance Notes for Completion

Attach all available supporting documentation - if none available indicate this in the below check box. A minimum 4-5 sentence personal statement is required for Part B applications to be considered.

Please note: documentation is not required for this application to be considered, but should be attached where available. The University may contact you in future for further/additional documentation relating to this application.

**This section is for students who are unable to complete Section 4 Part A due to COVID-19 related circumstances. Students must complete Section 4 Part A where possible.

I declare that:

I have/had an extenuating circumstance which occurred on/between
DD / MM / YEAR

and which will or has had an impact my University assessment on
DD / MM / YEAR

I have attached available supporting documentation to this application (can be scanned/copied documentation such as certificates or supporting emails/letters). Supporting documentation does not need to be original or certified.

OR

I do not have any supporting documentation to attach

Personal Statement & Criteria - Please outline below a detailed description of your circumstances, how your studies have been impacted, and the reason/s why documentation/relevant signatures were not able to be supplied with this application.

Next steps for Student: 1. Go to Section 5. Read and sign the declaration.

Section 5: STUDENT DECLARATION

I declare that:

- I have read and understood the [Modified Arrangements for Coursework Assessment Policy](#).
- The evidence given in support of this application is accurate, true and complete. I acknowledge that incomplete information may result in this application being rejected.
- I understand that submitting false or misleading information may result in being referred to the Student Misconduct Tribunal and/or my enrolment being cancelled.
- I authorise the University to obtain further information with respect to my application, and authorise the professional who has completed this form to release any relevant additional information necessary to assist or clarify my application.

Signature: Date: Time: AM PM
If unable to physically sign, please type your name here DD / MM / YEAR

Checklist for Students

Before submitting this form, ensure you have:

- ✓ Read the [Modified Arrangements for Coursework Assessment Policy](#)
- ✓ Completed Section 1
- ✓ Completed either Section 2, 3 or 4 (depending on your circumstances) and attached evidence
- ✓ Signed and dated the Student Declaration in Section 5

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Approved More information requested Rejected

Notes

i.e. reason for rejection / date more information requested/ date extension granted to

Staff Name: Date: Time: AM PM
DD / MM / YEAR

ACTION	DATE	COMMENT
Received by Faculty		
Entered on PeopleSoft		
Applicant Notified		
Saved to HPRM		