



## 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 exam(s) listed in Section 1 has been or will be **significantly impaired** due to a temporary medical issue and is seeking a replacement examination 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.**

Please note that a medical certificate on its own will not be accepted. 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 exam on .....  
DD / MM / YEAR 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

Profession/Position

Professional registration number

Medicare provider number

Employer or practice name

Phone

Address

**Professional/ Practitioner Stamp  
or Business Card here:**

\* 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
<input type="checkbox"/>	Death of immediate family member	e.g. Death certificate, funeral director's statement
<input type="checkbox"/>	Life-threatening illness of a family member, partner or close friend	Medical/hospital letter
<input type="checkbox"/>	Dependent has unexpected serious illness requiring student to provide care	Medical/hospital letter
<input type="checkbox"/>	Victim of a serious crime or involved in a serious accident	Accident report, police report
<input type="checkbox"/>	Involved in or witness to a serious accident	Accident report, police report
<input type="checkbox"/>	Substantial & unanticipated financial hardship	Financial documents, e.g. bankruptcy or job termination notice and final payslip
<input type="checkbox"/>	The break-up of significant personal relationship close to assessment date	<b>Declaration required – please arrange for the declaration below to be completed</b>
<input type="checkbox"/>	Severe disruption to domestic arrangements or abusive living environment	
<input type="checkbox"/>	Natural disaster or major political upheaval	
<input type="checkbox"/>	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.
<input type="checkbox"/>	Other	<b>Declaration may be required - please arrange for the declaration below to be completed</b>

### 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 Wirrlu 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 exam(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		<b>Professional/Practitioner Stamp or Business Card here:</b> (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 or misreading exam timetables 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
<input type="checkbox"/>	Formal legal commitments	Document showing obligations and period for which they apply
<input type="checkbox"/>	Religious obligations	Letter from leader of recognised religion showing obligations and period for which they apply
<input type="checkbox"/>	Military service	Official letter from supervising Military officer showing obligations and period for which they apply
<input type="checkbox"/>	Emergency Management Service	Official letter/document from supervising officer showing obligations and period for which they apply
<input type="checkbox"/>	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
<input type="checkbox"/>	Timetable clash (for tests or examinations only)	If clash is due to enrolment at another institution: evidence of other institution's exam timetable. For clashes at University of Adelaide: a copy of your personalised exam timetable.
<input type="checkbox"/>	Time zone impact (sitting scheduled exam outside of Australian time zones) If your current centrally scheduled exam start time falls outside of <b>6am-9pm</b> in your local time zone	A copy of your timetable, summary in the 'additional comments' field below of how your timetable is impacted by your time zone, and attachment of any other relevant evidence.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Other (E.g. University Study Tour)	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

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**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](#).
- I understand that if my application for a replacement exam is accepted I will **not be eligible** to sit the primary examination. If I sit the primary examination any grant of a replacement examination will be **revoked** and no further applications for that examination will be considered.
- I understand that if my application to defer a replacement exam is accepted I will **not be eligible** to sit the primary examination or the original replacement examination. If I sit the primary or original replacement examination any grant of a deferred replacement examination will be **revoked** and no further applications for that examination will be considered.
- 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

## 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

## Form submission

Submit the form to:

- your Faculty Office (contact details below) at least 3 business days before an exam\* if you have **Medical or Compassionate** circumstances (you have completed Section 2 or Section 3) or within 3 business days of becoming aware of the **Extenuating** circumstance (you have completed section 4) \*OR
- \*the [Elite Athlete Coordinator](#) for all **Elite Athlete Extenuating applications** (for centrally organised exams only) \*\*OR

- **\*\*the Examinations & Results Office for all Extenuating Exam Timetable Clash applications and Extenuating Time Zone Impact applications (for centrally organised exams only)**

Faculty of Arts	<a href="mailto:arts@adelaide.edu.au">arts@adelaide.edu.au</a>
Faculty of Faculty of Engineering, Computer and Mathematical Sciences	<a href="mailto:askecms@adelaide.edu.au">askecms@adelaide.edu.au</a>
Faculty of Health and Medical Sciences	<a href="mailto:askhealthsc@adelaide.edu.au">askhealthsc@adelaide.edu.au</a>
Faculty of Professions	<a href="mailto:professions@ask.adelaide.edu.au">professions@ask.adelaide.edu.au</a>
Faculty of Science	<a href="mailto:faculty.sciences@adelaide.edu.au">faculty.sciences@adelaide.edu.au</a>
Examinations & Results Office	<a href="mailto:examinations@adelaide.edu.au">examinations@adelaide.edu.au</a>

\* If your circumstance arose less than 3 business days before the exam, submit ASAP and clause 7c will apply. \*If your circumstance arose during an exam, submit within 3 business days of the exam. If you have any questions please contact your **School** or **Faculty Office**.

UNIVERSITY USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> More information requested <input type="checkbox"/> Rejected		
Notes		
<i>i.e. reason for rejection / date more information requested/</i>		
Staff Name: ..... Date: ..... Time: ..... AM PM <div style="text-align: center; font-size: small;">DD / MM / YEAR</div>		
ACTION	DATE	COMMENT
Received by Faculty		
Entered on PeopleSoft		
Applicant Notified		
Saved to HPRM		