

Section 2: Medical Circumstances

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

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.

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:

1. Go to Section 5. Read and sign the declaration.

Section 3: Compassionate Circumstances

To be completed by the student

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.

| 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 exam date | Declaration required – please arrange for the declaration below to be completed |
| <input type="checkbox"/> | Severe disruption to domestic arrangements or abusive living environment | |
| <input type="checkbox"/> | Natural disaster or major political upheaval | |
| <input type="checkbox"/> | Other | |

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 Wirltu 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 | | 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.

Section 4: Extenuating Circumstances

To be completed by the Student

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.

| 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"/> | 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 | 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.

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
- the [Exams Office](#) / [Ask Adelaide](#) within 3 business days of becoming aware of the **Extenuating circumstance** (you have completed Section 4 but are **not** University-approved Elite Athlete).* OR
- the [Elite Athlete Coordinator](#) (**for centrally organised exams only**).

| | |
|---|--|
| Faculty of Arts | arts@adelaide.edu.au |
| Faculty of Faculty of Engineering, Computer and Mathematical Sciences | askecms@adelaide.edu.au |
| Faculty of Health and Medical Sciences | askhealthsc@adelaide.edu.au |
| Faculty of Professions | professions@ask.adelaide.edu.au |
| Faculty of Science | faculty.sciences@adelaide.edu.au |
| Exams Office | examinations@adelaide.edu.au |

* 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

Approved

More information requested

Rejected

Notes

i.e. reason for rejection / date more information requested/

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

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