

OUA Application to Defer Final Assessment or Examination

WHO SHOULD USE THIS FORM?

Open Universities Australia students may use this form to apply for a deferred assessment or examination on the grounds that unexpected or exceptional circumstances prevented them from undertaking the **final** assessment or attending the **final** examination.

GROUNDINGS FOR A DEFERRED ASSESSMENT

The policy on deferred assessment is in section 7 (clause 7.3) of the University's Assessment Policies and Procedures Manual at: <http://www.unisa.edu.au/policies/manual/default.asp>. A student can only apply for a deferred assessment or examination if they meet **all** the criteria below:

1. The student did not attend the final examination and/or did not submit the final assessment for the course
2. The student was unable to attend the final examination or submit the final assessment for medical, compassionate or other special circumstances
3. The circumstances impacted on the student's preparation for, or attendance at, their final assessment, and those circumstances prevented the student from attending or submitting the final assessment.
4. The student is able to provide documentary evidence to support their application

NB. If a student has already had a variation (or alternative arrangements made) to an assessment due to an existing disability or illness, the same grounds cannot be used to request a deferred assessment, unless it is compounded by an unexpected change in the condition or an additional condition.

APPLYING FOR A DEFERRED ASSESSMENT

1. The student must complete and sign Part A of the form
2. For **medical circumstances**, the student must attach:
 - a. An original certificate or letter on surgery letterhead from a medical or dental practitioner, a registered psychologist or a psychiatrist, depending on the nature of the illness **OR**
 - b. Part B completed by a treating registered medical/dental practitioner, psychologist or psychiatrist
NB: Forms completed by other health professionals will not be accepted
3. For **compassionate circumstances**, the student must attach:
 - a. An original stamped medical certificate from a registered treating medical or dental practitioner, or psychologist **OR** a letter from a registered psychologist **OR** a person of standing within the community.
 - b. Part C completed by a Learning and Teaching Unit Counsellor who had prior knowledge of the student and their circumstances.
NB: Supporting evidence must not be provided by a member of the student's family.
4. For **other special circumstances** refer to the Assessment Policies and Procedures Manual section 7 (clause 7.8.4) at <http://www.unisa.edu.au/policies/manual/default.asp> and submit part C of this application.
5. Applications must be lodged with OUA Student Advisers **no later than FIVE working days** after the examination date or the final assessment submission deadline. (Only the Director: Student and Academic Services can waive this timeframe).
NB: If you live in a remote location, you can submit your form by fax or email, but you will still need to submit the original documents and your application will not be processed until received. The original documents must reach the OUA Student Advisers within 15 days of the date of the examination date or the final assessment submission deadline.
6. Applications will be referred to the Course Coordinator where the final assessment is not an examination and/or where supporting documentation is lacking.

DECISION AND NOTIFICATION OF OUTCOME

Deferred examination – The OUA Student Advisers will send a letter to the student to confirm their enrolment in a deferred examination.

Deferred assessment – The Course Coordinator or delegate will determine the nature and requirements of the assessment and advise the student via email within 10 working days of the nature and requirements of the assessment.

FURTHER INFORMATION is available from the OUA Student Advisers.

OUA Application to Defer Final Assessment or Examination

LOGGING DETAILS: REFER TO PAGE 4 OF APPLICATION FORM

PART A – To be completed by the student	
Personal details:	
Student ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mr/Miss/Ms/Mrs:	First name(s):
Family name:	
Date of birth:	Contact No:
Mailing address:	
Suburb and Postcode:	

Program details:	
Program code:	Program title:

Course details:				
Study period	Unit code	Unit name	State whether <i>Exam</i> or <i>Assessment</i>	Date of <i>Exam</i> or <i>Assessment</i>

Existing variations: (where there is an existing variation, the form will be referred to the Course Co-ordinator for consideration.)	
Is there an existing variation for the course(s) listed above (eg elite athlete or student disability access plan): Yes <input type="checkbox"/> No <input type="checkbox"/>	
* If 'yes', complete Part A only and lodge form with the OUA Student Advisers.	

Grounds for requesting a deferred assessment and/or examination (be as concise as possible):

Supporting documentation to be attached to this application (tick relevant box):	
For medical circumstances:	
a. An original certificate or letter on surgery letterhead from a medical or dental practitioner (including Provider Number), a registered psychologist or a psychiatrist, depending on the nature of the illness OR	<input type="checkbox"/>
b. Part B completed by a registered treating medical/dental practitioner, psychologist or psychiatrist.	<input type="checkbox"/>
For compassionate circumstances as per section 7.7.3 in policy http://www.unisa.edu.au/policies/manual/default.asp .	<input type="checkbox"/>
For other special circumstances as per section 7.8.4 in policy http://www.unisa.edu.au/policies/manual/default.asp	<input type="checkbox"/>

Student declaration and authority to release information:	
I declare that the above information is complete, true and accurate, that I did not attend the final examination and/or submit the final assessment for the course(s) listed above, and I have read and understand the guidelines on page 1.	
I authorise my treating medical/dental practitioner or psychologist/counsellor to release any relevant information necessary to the University of South Australia in support of my application for a deferred assessment or examination.	

OUA Application to Defer Final Assessment or Examination

<i>Student's signature:</i>	<i>Date:</i>
-----------------------------	--------------

PART B — For Deferrals on Medical Grounds
This part is to be completed by the registered treating medical/dental practitioner, psychologist or psychiatrist

Please note: An authority to release information is included in the student declaration at Part A. Information provided will only be used for the purposes of assessing eligibility for a deferred assessment.
 Documentary evidence to be provided by the registered treating medical or dental practitioner, psychologist or psychiatrist, is to be in the form of a medical certificate, as per the information on page 1 of this application.

I, _____, a medical/dental practitioner, psychologist or psychiatrist, certify that on ____/____/____ (date of consultation) I examined _____ (student's name). In my opinion the student is / was suffering from a medical condition that will prevent / prevented the student from attending the final examination / undertaking the final assessment. The student will be / was affected by this medical condition for the period ____/____/____ to ____/____/____ (both dates inclusive).

Additional comments:

Declaration: I declare that the above information is complete, true and accurate

<i>Signature:</i>	<i>Official stamp or Provider No:</i>
<i>Date:</i>	

PART C — For Deferrals on Compassionate or 'Other' Circumstances
This part is to be completed by the registered treating medical/dental practitioner, psychologist or psychiatrist, by a person of standing in the community, or by a Learning and Teaching Unit Counsellor who has prior knowledge of the student and their circumstances

Please note: An authority to release information is included in the student declaration at Part A. Information provided will only be used for the purposes of assessing eligibility for a deferred assessment.

I, _____, a registered medical/dental practitioner, psychologist or psychiatrist or Learning and Teaching Unit counsellor, certify that on ____/____/____ (date of consultation) I consulted with _____ (student's name).

 In my opinion there are extenuating and unexpected circumstances that will prevent / prevented the student from attending the final examination / undertaking the final assessment. The student will be / was affected by these circumstances for the period ____/____/____ to ____/____/____ (both dates inclusive).

Additional comments:

Declaration: I declare that the above information is complete, true and accurate

OUA Application to Defer Final Assessment or Examination

<i>Signature:</i>	<i>Official stamp or Provider No:</i>
<i>Date:</i>	

OUA Application to Defer Final Assessment or Examination

LOGGING YOUR APPLICATION		
By email ouainfo@unisa.edu.au	By post OUA Student Advisers Campus Central Whyalla University of South Australia 111 Nicolson Avenue Whyalla Norrie 5608 South Australia	By fax Within Australia 08 8647 6082 From Overseas +61 8 8647 6082

OFFICE USE ONLY			
OUA Student Advisers			
Date received:		Entered on spreadsheet:	Yes <input type="checkbox"/>
Evidence to support deferred:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, secondary assessment flagged:	Yes <input type="checkbox"/>
		If no, forwarded to Course Coordinator:	Yes <input type="checkbox"/>
Student advised deferred granted:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Initials:
Course Coordinator to complete when there is insufficient evidence or an existing variation (as indicated in Part A)			
Unit code:	Unit Title:		
Deferred approved	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, secondary assessment flagged:	Yes <input type="checkbox"/>
Details of deferred assessment/examination if approved:			
Student notified of outcome			
Yes <input type="checkbox"/>	OUA Student Advisers notified (if examination)		Yes <input type="checkbox"/>
Signature:			Date: