

# Application to Defer Final Assessment or Examination

## WHO SHOULD USE THIS FORM?

Undergraduate and postgraduate (coursework) 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** by a person of standing within the community.
  - b. Part C completed by a Learning Connection 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 at Campus Central **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).
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** – Campus Central will send a letter to the student to confirm their enrolment in a deferred examination and refer them to the examination schedule on the University website.

**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 Campus Central.

**LOGGING DETAILS: REFER TO PAGE 4 OF APPLICATION FORM**

## Application to Defer Final Assessment or Examination

### 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:				

#### Program details:

Program code:	Program title:
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#### Course details:

Study period	Area/Catalogue No.	Course title	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  No

*\* If 'yes', complete Part A only and lodge form with Campus Central.*

#### 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**

b. Part B completed by a registered treating medical/dental practitioner, psychologist or psychiatrist.

For **compassionate circumstances** as per section 7.7.3 in policy <http://www.unisa.edu.au/policies/manual/default.asp>.

For **other special circumstances** as per section 7.8.4 in policy <http://www.unisa.edu.au/policies/manual/default.asp>

#### 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.

Student's signature:	Date:
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## Application to Defer Final Assessment or Examination

### 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

Signature:

Official stamp or Provider No:

Date:

### 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 Connection 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 Connection 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

Signature:

Official stamp or Provider No:

Date:

## Application to Defer Final Assessment or Examination

### OFFICE USE ONLY

Campus Central			
Date received at Campus Central:		Entered on spreadsheet:	Yes <input type="checkbox"/>
Evidence to support deferred:	Yes <input type="checkbox"/>	If yes, secondary assessment flagged:	Yes <input type="checkbox"/>
	No <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: <span style="float: right;">Initials:</span>
Course Coordinator to complete when there is insufficient evidence or an existing variation (as indicated in Part A)			
Course code:	Course 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"/>	Campus Central notified (if examination)	Yes <input type="checkbox"/>
Signature:		Date:	

### LODGING DETAILS

#### In person

**City East** Campus Central  
Level 3  
Playford Building

**City West** Campus Central  
Ground Floor  
Yungondi Building

**Magill** Campus Central  
Level 1  
B Block

**Mawson Lakes** Campus  
Central  
Ground Floor  
A Building

**Mount Gambier**  
Regional Centre Office  
Wireless Road

**Whyalla** Campus Central  
Ground Floor  
Main Building

#### By post

University Of South Australia  
Campus Central – (name of campus)  
GPO Box 2471  
Adelaide SA 5000