

Application for Special Consideration for a Missed Examination, or Impaired Examination Performance or Preparation **MEDICAL**



Important Information for Students and Practitioners. **Medical Practitioners** are required to complete Section B

1. You should complete this form (or the ‘**Application for Special Consideration – COUNSELLING**’) if, due to circumstances beyond your control, your situation falls under one of the three provisions for special consideration listed below:
 - (a) **Absence from an examination** - you have been prevented from sitting an examination.
 - (b) **Serious impairment to examination performance** - you consider your examination performance has been seriously impaired by illness, injury, personal bereavement or any other critical circumstance.
 - (c) **Serious impairment to examination preparation** - you consider your examination preparation has been seriously affected by an illness or trauma, for which you are under continuous and well documented care by a qualified person, eg. a medical practitioner or counsellor. To make an application under this provision you must demonstrate that effective preparation for the examination was not possible in the two weeks immediately before it.
2. For an application **on medical grounds**, you should consult with a medical or dental practitioner or midwife, who must complete this form, on the day of the examination, or, if this is not possible, **within 24 hours of the examination**. Completed forms must be returned to the **Assessment Office** or to the **Student Health Service** at the University of Waikato **within 72 hours of the examination**.
3. (For an application **on compassionate grounds**, you should consult with a registered psychologist or counsellor **within 24 hours of the examination** and have them complete the ‘**Application for Special Consideration – COUNSELLING**’ and return the form to the **Assessment Office** or the **Student Counselling Centre** at the University of Waikato **within 72 hours of the examination**.)
4. **Applications completed by external medical professionals will be reviewed by the University of Waikato Medical Officer in Charge.**
5. **All enquiries to:**
The Assessment Office, phone: +64 7 856 2889 extension 4941, or fax: +64 7 838 4539,
or e-mail: exams@waikato.ac.nz

A decision on your application will be sent to you by mid-July for A Semester examinations or late November for B Semester examinations.

Please turn over the page for more information and application instructions.

This page of the Special Consideration form will be returned to you to acknowledge receipt of your application and to allow you to retain this information for future reference.

Please fill in your name and term address:

6. **To complete your application you will need to:**
- (a) fill in all relevant information in Section A of this form;
 - (b) **consult a registered practitioner as detailed in point 2 who will complete Section B as appropriate;**
 - (c) include satisfactory supporting evidence of:
 - (i) ***injury or illness - a confidential report from the registered professional consulted***
 - (ii) ***bereavement/critical illness of a close relative - satisfactory evidence of death or illness of the relative and evidence of the effect of this on you is required;***
 - (iii) ***other critical circumstances - documentary evidence of the nature and time of the circumstance occurring, must be provided;***
 - (d) note that it is **your** responsibility to ensure that your application is submitted **as detailed overleaf.**

7. **Guidelines for approving and declining applications** which relate to straightforward cases are listed below. Individual cases which do not exactly meet these guidelines will be considered on a case by case basis.

Approval will be given:

- (a) where a registered midwife or medical practitioner, or University Counsellor has advised the student in writing that they are unfit to sit the examination;
- (b) for diseases where there is a specific medical requirement for isolation and no separate examination facility is available;
- (c) for a mother up to seven days after the birth of her child. An additional period before or after the birth may be granted under the provisions of (a) above;
- (d) for the partner of a mother 24 hours either side of the birth of the child;
- (e) for up to seven days after the death of a close relative or friend on the production of satisfactory evidence.

Approval will not be given:

- (a) where self-inflicted conditions exist, eg. students who suffer from having studied all night or who have taken medication contrary to medical advice or have had writer's cramp in an examination;
- (b) for a broken limb (other than a writing arm) or pregnancy. **These conditions** are not grounds for special consideration **unless there are complicating factors;**
- (c) for mistaking the time or date of the examination unless there are critical circumstances that may have affected a student's judgement.

8. **If your application is approved,** the appropriate chief examiner will be notified.

The chief examiner may at his or her discretion:

- estimate a grade for the paper, or
- offer a special examination.

9. **For further information or assistance contact:**

the Assessment Office, phone: +64 7 856 2889 extension 4941, or fax: +64 7 838 4539,
or e-mail: exams@waikato.ac.nz

Refer to Regulation 15 and 17 of the Assessment Regulations in the University of Waikato Calendar.

Completed forms must be returned within **72 hours** of the examination(s) as detailed in Section 2 on Page 1 of this form.

Family Name: _____ Mr/Ms/Mrs/Miss/Other: _____
 First Names: _____ ID No: _____
 Daytime Telephone: _____ email address: _____
 Address: _____

Have you filled in the name and address box on the cover sheet?

I am applying for special consideration for the following examinations:

Paper Code	Paper Title	Examination Date & Time	Did you sit the examination?	
			circle one	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Declaration (student to complete either (a), (b) or (c), AND (d). *(Use extra paper if required)*
Either:

(a) **Absence:** I was unable through illness, injury or on compassionate grounds, to present myself to the examination(s), extending from _____ to _____. I was absent for the following reasons: _____

or:

(b) **Impairment:** My performance in the examination(s) which I did attempt to sit was **seriously impaired** in the following ways: _____

or:

(c) **Impaired Preparation:** My preparation for the examination(s) which I did attempt to sit was **seriously impaired** in the following ways: _____

AND:

(d) I authorise my doctor/dentist/midwife/psychologist/counsellor to release the information in either Section B or Section C to the University for examination purposes.

Student

Signature: _____ **Date:** _____

<p>Have you applied for Special Consideration before?</p> <p style="text-align: right;">Yes No</p>

I have attached the following documents (eg. death notice from newspaper) **in support of my application:** _____

For Office Use Only:		<i>(circle either Yes or No where appropriate)</i>	
Student has signed form?	Yes No	School:	_____
Doctor/Counsellor has completed form?	Yes No	Paper Code/Title correspond?	Yes No
Student attempted the examination?	IMP DNS		
Approved	Counselling	Data entered on Jasper:	/ /
Declined	Medical		
Committee	Mistook Time/Other	Memo sent to department:	/ /

Section B - Medical/Dental Practitioner's or Midwife's Certificate

Medical/dental practitioners/midwives please note:

The special consideration procedures require that sufficient detail be provided to make it clear that the student was not responsible for the illness or disability **and to make possible the refereeing of the application by the University's doctors. Special Consideration can only be approved where the level of impairment is SERIOUS.** Please give objective data as appropriate (clinical findings, special examinations, tests, etc). If the student is suffering from an exacerbation of a chronic illness, please comment accordingly.

Consultation must take place within 24 hours of the examination(s) affected.

I certify that I examined _____ on ____ / ____ / ____
at _____ (time) and also on _____ (if applicable).

The details of the injury or illness are as follows: _____

Complete **ONE** of the following sections:

- It is my opinion that _____ had/will have the following degree of impairment to examination preparation/performance on _____ (date/s). **(The student is still expected to sit the examination).**

Please indicate level of impairment

Nil		Mild		Moderate		Serious			
0	1	2	3	4	5	6	7	8	9

- It is my opinion that _____ **was/is unable to attend the examination** on _____ (date/s).
- he/she has a temporary condition which makes attendance at the examination physically impossible; or
- attending this examination will probably severely aggravate his/her condition; or
- his/her attendance at this examination will significantly endanger the health of other students.

Date: _____ Signed: _____
Name: (please print) _____
Address: _____

Please note: It is the student's responsibility to submit this form, once completed please hand to the student.