

APPLICATION FOR MISSED ASSESSMENT CONSIDERATION¹

Date: _____ Name: _____ ID: _____

Signature: _____ Payment received by: _____

List the Courses for which consideration is being sought:

	Assessment/ Exam Date	Please tick one		Course Code	Assessment Details/Type (e.g. Practical Test, Written Test)
		In Semester Assessment	Final Exam		
1.		\$25	\$75		
2.		\$25	\$75		
3.		\$25	\$75		

Reasons for Application (Please attach supporting documents)

- Illness (medical certificate required) - Aegrotat
- Bereavement (evidence required) - Aegrotat
- Professional Development - Alternative Date
- Attending Conference (related to profession) - Alternative Date
- Other: (Briefly describe the circumstances and supply supporting evidence)

Instructions:

- Fill out this application form.
- Attach evidence for the application (e.g. medical certificate)
- Pay the application fee.
- If necessary, an appointment will be arranged with the student to discuss the merit of the application.
- The Associate Dean will grant a ruling on behalf of the Academic Board and will notify you of the results and any steps to be taken.

FOR OFFICE USE ONLY:

Academic Board Decision

- Your application has been Declined
- Your application has been Approved
- You are required to sit for your written/practical/oral exam on dates as specified below

Signature: _____

Associate Dean on behalf of Academic Board

Date of newly scheduled assessment date

¹ See student handbook for policy guidelines
Updated 14/08/23