

**Application for Deferred Assessment**

**Students should refer to the University’s AssessmentPolicy and Procedures for further information on Deferred Assessment, available at** [**flinders.edu.au/ppmanual/student/assessment-policy.cfm**](http://www.flinders.edu.au/ppmanual/student/assessment-policy.cfm)

**Instructions to students:**

* A student who is unable to sit an examination due to unforeseen or exceptional circumstances should complete this form and lodge Part A with the relevant College office(s) **within three working days** of the date of the examination.
* It is the student’s responsibility **to provide documentary evidence** from a qualified professional practitioner (see Part B of this form) to support this application i.e.
  + - from a qualified medical practitioner in the case of physical illness
    - from a qualified medical practitioner, psychologist, social worker or counsellor in the case of emotional distress
    - from an appropriate source in the case of applications on compassionate grounds (eg evidence of funeral attendance, court appearance etc)
    - Elite Athlete Status has been granted
    - other appropriate documentation.
    - It is the student’s responsibility to meet any costs involved in providing documentary evidence in support of an application for a Deferred assessment.

**Student must submit this form to the College offering the topic in question**

*(ie the College offering the topic having the exam)*

|  |  |
| --- | --- |
| **College of Business, Government and Law**  Room 261, Social Sciences South  Tel 8201 3300  [BGLEnquiries@flinders.edu.au](mailto:BGLEnquiries@flinders.edu.au)  **College of Education, Psychology and Social Work**  Room 4.69, Education Building  Tel 8201 7800  [EPSWEnquiries@flinders.edu.au](mailto:EPSWEnquiries@flinders.edu.au)  **College of Humanities, Arts and Social Sciences**  Level 2, Room 211/213  Humanities Building  Tel 8201 7900  [HASSEnquiries@flinders.edu.au](mailto:HASSEnquiries@flinders.edu.au) | **College of Medicine and Public Health**  Medicine Reception  Level 5, Room 5E209  Flinders Medical Centre  Tel 7221 8200  MPHenquiries@flinders.edu.au  **College of Nursing and Health Sciences**  Level 1, Room N103  Sturt North  Tel 8201 7500  NHSEnquiries@flinders.edu.au  **College of Science and Engineering**  Room 1304, Physical Sciences Building  Tel 8201 7691  seenquiries@flinders.edu.au |

*Please complete information over page and return to your College Office*

**Part A –** *to be completed by student*



FLINDERS UNIVERSITY

GPO BOX 2100, ADELAIDE SA 5001

**Application for Deferred Assessment**

**Student Details**

|  |  |  |
| --- | --- | --- |
| **Student ID No** | **FAN (e.g. SMIT0001) and Flinders Email** | **Name of Course** |
| **Title** | **Family Name** | **Given Name(s)** |
| **Mailing or Alternative Email Address** | | **Phone Number** |

Topic(s) in which **Deferred Assessment** is sought

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic Code and Number** | **Topic Name** | **Date of Exam** | **Was exam attempted?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**My grounds for this application**

|  |
| --- |
| Please describe briefly the circumstances that caused you to submit this application.  *(The University will treat this information as confidential)*                              **Do you have Alternative Exam Arrangements? Yes/No**  **Student Declaration and Signature**  I declare that the information provided on this form is complete, true and accurate.  I understand that in signing this application I authorise the professional practitioner detailed in Part B to provide information to the University about this application.  I understand that it is my responsibility to meet any costs involved in providing documentary evidence in support of this application.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |

ABN 65 542 596 200, CRICOS No. 00114A

**Part B –** *to be completed by student and professional practitioner*



FLINDERS UNIVERSITY

GPO BOX 2100, ADELAIDE SA 5001

**Application for Deferred Assessment**

**Student to complete this section**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Family Name** | **Given Name(s)** | **Student ID No** |
| **Name of College** | | **Name of Course** | |

|  |  |  |
| --- | --- | --- |
| **Topic Code and Number** | **Topic Name** | **Date of Exam** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Topic(s) to which this application applies**

**Professional Practitioner to complete this section**

*(The University will treat this information as confidential)*

|  |  |  |
| --- | --- | --- |
| **Name of Student** | | **Date of consultation** |
| **The above named student is/was unfit to attempt the examination(s) on the following date(s):** | | |
| **Supporting comments (particularly if previous consultations are not recent)** | | |
| **Name of Professional Practitioner** | **Professional qualifications** | |
| **Address** | | |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** | | |