

5 - MEDICAL CERTIFICATE

Applications based on **unforeseen, severe and/or grave illness** will not be considered unless a medical certificate is provided. The certificate must be completed by a registered medical practitioner and have the practitioner's provider stamp affixed.

Stress and/or anxiety associated with examinations will not normally be considered.

Name of Practitioner

Provider number

Address

Contact telephone(s)

Date of attendance at surgery Date / / Time

I certify that (patient's name) **PATIENT'S NAME**

is unfit for studies from Date / / to Date / /

Is the severity of the illness such that it would have affected the patient's ability to perform during the final examination? Yes No

My assessment of the patient's condition was based on

an examination of the patient information provided by the patient

I am unable to assess how this illness would have affected the patient's performance during the formal exam

Within the limits of patient confidentiality, please state the nature of the problem/illness/difficulty experienced by the patient over this period.

Practitioner's signature **PRACTITIONER'S SIGNATURE** Date / /

6 - SCHOOL APPROVAL (Office use only)

Comments

Special Consideration approved? Yes No Outcome is 'R' grade

Outcome

No action

Granting an 'R' grade (re-assessable fail). Where a re-assessable fail grade is granted, this must be approved by the Head of School

Marks obtained for completed assessment tasks may be aggregated or averaged to achieve a percentage

Exam/assessment task is to be omitted from the final grade calculation

'I' grade (incomplete) to be resolved by no later than census date of the teaching session

Unit coordinator's name **UNIT COORDINATOR'S NAME**

Unit coordinator's signature **UNIT COORDINATOR'S SIGNATURE**

Date / /

Head of School's name **HEAD OF SCHOOL'S NAME**
In the case of an 'R' grade being granted

Head of School's signature **HEAD OF SCHOOL'S SIGNATURE**

Provider's stamp

**MUST BE
AFFIXED
HERE**

If stamp not available signed declaration of provider number on practitioner's letterhead is to be attached to this form.

Factors which WILL NOT normally be considered (Clauses 6b & 6d)

- **routine demands of employment** and employment-related travel
- difficulties **adjusting to university life**, to the self discipline needed to study effectively, and to the demands of academic work
- **stress** or anxiety normally associated with examinations, required assessment tasks or any aspect of course work
- **routine financial** support needs
- **lack of knowledge** of requirements of academic work
- difficulties with **English language**
- difficulties with **visa** arrangements that could have been reasonably anticipated
- **scheduled** anticipated **changes of address**, moving home, house moves etc
- demands of **sport, clubs, social** or extra-curricular activity (other than to represent or participate in state, national or international sporting or cultural events)
- recreational **travel** (domestic or international)
- planned events, such as **weddings**