APPLICATION FOR DEFERRED OR IRREGULARLY SCHEDULED EXAMINATION

STUDENT ADMINISTRATION

THIS FORM CAN BE USED TO REQUEST THAT AN EXAMINATION BE SAT EARLIER OR LATER THAN THE MAIN SCHEDULED EXAMINATION

• Please use BLOCK/CAPITAL letters, indicate with “N/A” where questions are not applicable and tick boxes where appropriate.

• Please submit the completed form to your School or Student Administration Office NO LATER THAN THREE WORKING DAYS after the date of the relevant scheduled examination

• Make sure that you have attached: ☐ Statutory Declaration AND ☐ Documentary evidence supporting your application

STUDENT DETAILS  This Section Must Be Completed

Student Identification Number:

<table>
<thead>
<tr>
<th>TITLE e.g. Mr/Mrs</th>
<th>Surname/Family Name</th>
<th>Given Name(s)</th>
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School: Degree Course:

You are required to check your Notre Dame Student Email Account on a weekly basis.

Advice on this application will be sent only to your ND Email Account.

Home Tel:  Work Tel:  Mobile:

UNIT(S) IN WHICH DEFERRED EXAMINATION IS REQUESTED  SCHOOL TO COMPLETE

<table>
<thead>
<tr>
<th>SEM/YEAR (e.g. 11S1)</th>
<th>UNIT CODE</th>
<th>UNIT TITLE</th>
<th>EXAM DATE &amp; TIME</th>
<th>UNIT LECTURER’S NAME</th>
<th>ARE ALL ITEMS OF CONTINUOUS ASSESSMENT UP TO DATE?</th>
<th>CAN STUDENT PASS UNIT BY UNDERTAKING EXAMINATION?</th>
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STUDENT TO COMPLETE THE GROUNDS FOR APPLICATION SECTION OVERLEAF

TO BE COMPLETED BY DEAN (OR DELEGATE) – COMMENTS:

RECOMMENDED BY DEAN FOR THE NEXT EXAM PERIOD:

RECOMMENDED BY DEAN FOR THE FOLLOWING DATES:

NOT RECOMMENDED BY DEAN:

SCHOOL RECOMMENDED DATES FOR EXAMS: -- TO BE SPECIFIED BY THE SCHOOL

<table>
<thead>
<tr>
<th>UNIT CODE</th>
<th>DAY, DATE &amp; TIME</th>
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THE ORIGINAL OF THIS FORM PLUS ORIGINALS OF SUPPORTING DOCUMENTS MUST BE FORWARDED TO THE STUDENT ADMINISTRATION OFFICE ONCE THE RECOMMENDATION OF THE SCHOOL(S) HAS BEEN MADE. SCHOOL TO RETAIN A COPY FOR THEIR RECORDS

Dean (or delegate) Signature:  Dean (or delegate) Name:  Date:

Second Dean (or delegate)Signature (where the unit is taught by another School):  Second Dean (or delegate) Name (where the unit is taught by another School):  Date:

TO BE COMPLETED BY REGISTRAR (OR DELEGATE)

APPROVED FOR DATE/S ABOVE  APPROVED FOR THE NEXT EXAM PERIOD  ☐ = ____________

APPROVED FOR DIFFERENT DATE/S  NOT APPROVED BY REGISTRAR  ☐

Registrar (or delegate) Signature:  Date:
I hereby apply for a deferred examination in the above unit(s) as I will not / did not complete the examinations (or requirements) due to circumstances beyond my control. The grounds for my claim are set out above (or in an attachment) and I hereby apply for a deferred examination in the above unit(s) as I will not / did not complete the examinations (or requirements).

ADVICE ON THE SUCCESS OF THIS APPLICATION WILL ONLY BE SENT TO YOUR NOTRE DAME STUDENT EMAIL ACCOUNT

– NO FURTHER ADVICE WILL BE SENT AND NO REMINDERS OF THIS INFORMATION WILL BE SENT. IT IS YOUR RESPONSIBILITY TO ENSURE YOU ARE AWARE OF THE DECISION OF THIS APPLICATION AND THE DATE/TIME/LOCATION OF THE DEFERRED/IRREGULARLY SCHEDULED EXAM, IF APPROVED.

SIGNATURE OF STUDENT

Date (dd/mm/yyyy): [ ] [ ] [ ] [ ] [ ] [ ] [ ]

GENERAL INFORMATION

1. An Irregularly Scheduled Examination is an exam that is the same in content to that of the final invigilated exam but is held at a time, date and venue different from the final invigilated exam for a unit. An Irregularly Scheduled Exam must be held during the official exam period and only when it commences before the completion of the regularly scheduled final exam.

2. A Deferred Examination is an exam that is the same in content to that of the final invigilated exam but is held at a time, date and venue set by the Registrar in place of the final invigilated exam for each semester. A Deferred Exam is normally held after the BoE meeting for that semester but no later than the commencement of the following semester.

3. YOU MUST ATTACH ONE STATUTORY DECLARATION COVERING ALL UNITS & SUPPORTING DOCUMENTATION.

4. The form must be lodged in person where possible. Please keep a photocopy for your records.

5. If posting the form, registered mail is recommended. The University will not accept responsibility for forms submitted by mail which go astray unless proof of postage can be produced.

6. You will be advised of the decision of the Registrar (or delegate) by email to your ND Student Email Account only. No further advice or reminders will be sent to you. It is your responsibility to ensure you are aware of the decision of this application and where approved, the date/time/venue of the Deferred/Irregularly Scheduled exam.

7. Deferred examinations are usually held in the next exam period. The timetable for your deferred examination will be placed on the University web site (Student Academic Information) close to the next exam period or you will be informed in writing if your deferred exam is to be held at a different time.

CONDITIONS

1. A deferred examination shall normally be no later than six months after the scheduled examination, but can be extended by the Registrar (or delegate) upon application.

2. A deferred examination will only be granted at the discretion of the Registrar (or delegate), in consultation with the Dean of the School, where it has been documented that the students’ results have been affected by circumstances completely beyond the student’s control and will generally be under the following conditions:

   a) Compassionate grounds (a certificate from an appropriate counselor, minister of religion, medical practitioner or other agreed person).
   b) Medical grounds (a certificate from a medical practitioner fully detailing the medical condition and the period it affected the student).
   c) Psychological grounds (a certificate from a registered psychologist or other appropriate health professional).
   d) Other grounds in accordance with the Guideline: Supplementary, Deferred and Irregularly Scheduled Examinations or as approved by the Registrar (or delegate).

3. All applications MUST be accompanied by supporting documentation otherwise will not be considered.

4. Further information may be requested if adequate detail is not provided in the relevant attachments.

5. One Statutory Declaration should be completed for ALL units.

APPEALS

A student may appeal to the Campus Deputy Vice Chancellor against the decision within 10 working days of receipt of notification. Appeals must be made in writing stating all relevant details. The Campus Deputy Vice Chancellor’s decision will be final.
STATUTORY DECLARATION FOR A DEFERRED / IRREGULARLY SCHEDULED EXAMINATION/S

This form MUST accompany all applications for a Deferred / Irregularly Scheduled Examination

I,

(full name)

of

(address)

occupation:

in the State of

sincerely declare that in consideration of

THE UNIVERSITY OF NOTRE DAME AUSTRALIA allowing me to undertake the Semester

Examination/s in

Unit Code/s and Unit Title/s

at a time other than the scheduled examination time, that I shall neither reveal nor discuss the contents of the said examination paper(s) with any other person until the examination(s) in this unit for this semester are completed. I fully understand that any breach of this undertaking will result in the University of Notre Dame Australia assigning the mark of 'Fail' to my results in the aforesaid units and also taking all other appropriate disciplinary action as provided for in the General Regulations of the aforesaid University.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at: .............................................................. on ..............................................................

[place] [date]

[signature of declarant]

in the presence of an authorised witness, who states:

I, .............................................................., a ..............................................................,

[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it:

[* please cross out any text that does not apply]

1. *I saw the face of the person

OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and

2. *I have known the person for at least 12 months

OR *I have confirmed the person’s identity using an identification document and the document I relied on was

[describe identification document relied on]

[signature of authorised witness] [date]
This Declaration must be made before any of the following persons:-

Academic (post-secondary institution), Accountant, Architect, Australian Consular Officer,
Australian Diplomatic Officer, Bailiff, Bank Manager, Chartered Secretary, Chemist, Chiropractor,
Company Auditor or Liquidator, Court Officer (Judge, Magistrate, Registrar or Clerk),
Defence Force Officer (Commissioned, Warrant or NCO with 5 years continuous service), Dentist, Doctor,
Engineer, industrial organisation secretary, Insurance Broker, Justice of the Peace, Lawyer,
Local Government CEO or Deputy CEO, Local Government Councillor, Loss Adjuster, Marriage Celebrant,
Member of Parliament (State or Commonwealth), Minister of Religion, Nurse, Optometrist, Patent Attorney,
Physiotherapist, Podiatrist, Police Officer, Post Officer Manager, Psychologist, Public Notary,
Public Servant (State or Commonwealth), Real Estate agent, Settlement Agent, Sheriff or Deputy Sheriff,
Surveyor, Teacher, Tribunal officer, Veterinary surgeon
Or,
Any person before whom, under the Statutory Declarations Act 1959 of the Commonwealth, a statutory
declaration may be made.

NEAREST JUSTICE OF THE PEACE TO THE UNIVERSITY:

- Justices of the Peace can also be found at most police stations, pharmacies, local council offices, libraries and
government agencies.
- Student Administration can also advise whether any UNDA staff members are also Justices of the Peace.
CERTIFICATION OF HEALTH PROFESSIONAL

in support of an Application for Deferred/Irregularly Scheduled Examination

The University would be very grateful if you could complete this form on behalf of this student. It will provide the necessary supporting information to assist the University to decide on granting deferred/irregularly scheduled examination for this student’s exam(s). Your assistance is appreciated and the University would like to thank you for taking the time to complete this form.

STUDENT DETAILS This Section Must Be Completed

Student Identification Number:

TITLE eg. Mr/Ms/Mrs

SURNAME/FAMILY NAME

GIVEN NAMES

Semester:

Study Year:

The following examples indicate how medical conditions might disadvantage students at examination or at other times. You do not need to provide such reasoning unless the student requests this. Your certification will be taken into account, but the final decision will be made by the university.

 Severely disadvantaged at this examination: might be that the student had severe period pain requiring medication that had a sedative effect, in a background of previous problems with and management of period pain.

or, for example:

 Moderately disadvantaged at other times in their study: might be that the student had medically treated depression with some exacerbations and adjustments of treatment.

CERTIFICATION

1. The above named student consulted with me most recently on these dates

ABLE TO SIT THE EXAM(S)

☐ Slightly ☐ Moderately DATE DISADVANTAGED FROM

☐ Yes ☐ No

☐ Severely ☐ Very Severely DATE DISADVANTAGED TO

2. This student has been disadvantaged at their examinations:

ABLE TO STUDY

☐ Slightly ☐ Moderately DATE DISADVANTAGED FROM

☐ Yes ☐ No

☐ Severely ☐ Very Severely DATE DISADVANTAGED TO

3. This student has been disadvantaged at times other than or in addition to their examinations:

☐ Yes ☐ No

☐ Slightly ☐ Moderately DATE DISADVANTAGED FROM

☐ Severely ☐ Very Severely DATE DISADVANTAGED TO

Is your opinion based on the history supplied by the student alone or supported by additional evidence?

____________________________________________________________________________

____________________________________________________________________________

DECLARATION & DETAILS OF DOCTOR OR COUNSELLOR

I certify that the above student has/has not (please delete inapplicable wording) consulted me on a number of occasions over ____ years. I certify that I have seen the above student regarding this matter recently and the information I have supplied is true and correct.

Signature: Date:

Name:

Address: Postcode: Day time Phone:

DOCTOR’S/COUNSELLOR’S STAMP

Privacy Statement: The information provided in this form will be used for the purposes of, and in relation to, your potential enrolment at The University of Notre Dame Australia. Where the privacy principles apply, the University restricts access to those staff members who may need the information in the carrying out of their responsibilities in the academic and/or personal interests of the student. The University does not provide, by commercial arrangement or otherwise, the personal information of students or other stakeholders except in the following cases: a) when authorised in writing to do so, and b) where required or authorised by law to government and regulatory authorities; credit reporting and fraud-checking agencies; to your authorised representatives (e.g. legal representatives).

This form MUST accompany the application where a student is citing personal health reasons as grounds for requesting a deferred or irregularly scheduled examination.