



This form should be used by undergraduate and postgraduate offshore students who wish to either

- Defer their examination or final assessment due to unexpected or exceptional circumstances which prevented them from attending the final examination or submitting the final assessment by the due date, or
- Apply for special consideration because their academic performance during the final assessment or examination for a course was affected by unexpected or exceptional circumstances.

The application, along with supporting documentation, must be lodged directly with the Partner Administration Office no later than FIVE working days after the timetabled examination date or deadline for submission of the final assessment.

A secondary assessment may not be available in courses requiring field or clinical placement. Course coordinators will advise students of this in the course outline.

The outcome of this application may result in the approval to sit a secondary assessment examination. The application for a second or subsequent secondary assessment is not allowed when the secondary assessment examination has not been attended.

Please read the instructions carefully to ensure you meet the requirements.

For additional information please refer to section 7 of the University's Assessment Policies and Procedures Manual (<http://www.unisa.edu.au/policies/manual>).

More Information

Please Note

- If a variation is in place due to an existing disability or illness, the same grounds cannot be used to request a Secondary Assessment, unless the disability has been compounded by an unexpected change or an additional condition.
- All applications for special consideration will be referred to the Course Coordinator for a decision.
- Supporting documents must be dated, and must identify the period for which a student is/was unable to participate or attend.
- Supporting documents signed by a relative or friend of the student will not be accepted.
- Documents provided as supporting documentation may be verified with the issuer of the supporting documents if questions arise concerning their authenticity.
- Applications must be lodged at the Partner Administration Office no later than five working days after the timetabled examination date or the deadline for submission of the final assessment. The Director: Student and Academic Services can waive this timeframe where circumstances have prevented the student from lodging the form within the specified timeframe.
- If the original supporting documents are not submitted with the application, the originals will need to be retained. If an application is audited students are required to submit the originals to UniSA within five working days, otherwise the outcome of the Application may be reviewed.

Decision and notification of outcome

- You will receive the outcome of each course separately within 5 working days of lodging the application
- Applications will be referred to the Course Coordinator where
 - the final assessment is not an examination
 - the final assessment was an examination which was attended
 - the grounds for application is special circumstance not listed in Section C and the supporting documentation is lacking
 - there is an existing variation that relates to this application
- The outcome of your application will be sent to you via email. If you are granted an alternative or replacement assessment that is not an examination, the Course Coordinator will notify you of the details of the assessment task, including the revised assessment submission date.
- Further information is available from the Partner Administration Office.



LODGING YOUR APPLICATION

Applications must be lodged with your Partner Administration Office no later than FIVE working days after the examination date or the deadline for submission of the final assessment.

If the unexpected or exceptional circumstances also have an impact on your ability to complete and lodge the form within the specified timeframe, you may write to the Director: Student and Academic Services at the earliest opportunity requesting that the five day time limit be waived. This should be submitted to your Partner Administration Office.

Part A – Personal Details

Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Miss/Ms/Mrs:	First name(s):							
Family name:								
Date of birth:	Contact No:							
Program Details								
Program code:	Program title:							
Mode of study	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate (by Course work)							

Existing Variation

Do you have a disability access plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, were you provided a variation or modification to the assessment or examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you experience an unexpected change or an additional condition which impacted on your assessment or examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Part B – Course/Units	
Please specify the courses you wish to apply for	
Course 1	
Subject Area:	Catalogue No:
Course Title:	Study period and year in which enrolled in course:
Please select the type of final assessment relevant to this course: <input type="checkbox"/> Assessment <input type="checkbox"/> Exam	
Have you submitted the final assessment piece or did you sit/attend the exam? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date of the exam/assessment due:	
Office Use Only	
<input type="checkbox"/> DE	
<input type="checkbox"/> DA	
<input type="checkbox"/> SCE	
<input type="checkbox"/> SCA	

Course 2	
Subject Area:	Catalogue No:
Course Title:	Study period and year in which enrolled in course:
Please select the type of final assessment relevant to this course: <input type="checkbox"/> Assessment <input type="checkbox"/> Exam	
Have you submitted the final assessment piece or did you sit/attend the exam? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date of the exam/assessment due:	
Office Use Only	
<input type="checkbox"/> DE	
<input type="checkbox"/> DA	
<input type="checkbox"/> SCE	
<input type="checkbox"/> SCA	

Course 3	
Subject Area:	Catalogue No:
Course Title:	Study period and year in which enrolled in course:
Please select the type of final assessment relevant to this course: <input type="checkbox"/> Assessment <input type="checkbox"/> Exam	
Have you submitted the final assessment piece or did you sit/attend the exam? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date of the exam/assessment due:	
Office Use Only	
<input type="checkbox"/> DE	
<input type="checkbox"/> DA	
<input type="checkbox"/> SCE	
<input type="checkbox"/> SCA	

Course 4	
Subject Area:	Catalogue No:
Course Title:	Study period and year in which enrolled in course:
Please select the type of final assessment relevant to this course: <input type="checkbox"/> Assessment <input type="checkbox"/> Exam	
Have you submitted the final assessment piece or did you sit/attend the exam? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date of the exam/assessment due:	
Office Use Only	
<input type="checkbox"/> DE	
<input type="checkbox"/> DA	
<input type="checkbox"/> SCE	
<input type="checkbox"/> SCA	



Part C – Details of your unexpected or exceptional circumstances	
Grounds for requesting a secondary assessment and/or examination (please be as concise as possible)	
Please indicate the type of exceptional circumstance that you have incurred along with the supporting documentation you will provide:	
<input type="checkbox"/>	<p>Medical circumstances include any of the following, which occurred during preparation for a final examination or before the deadline for submission of the final assessment, or during the final assessment:</p> <ol style="list-style-type: none"> a. an unexpected illness b. a re-occurrence of a chronic illness c. an accident <p><u>Supporting Documents</u></p> <p><input type="checkbox"/> Supporting documents for medical circumstances must be either a form certifying that the student was unfit to participate on medical grounds, a medical certificate, or a letter on letterhead signed by a medical practitioner, health practitioner or approved specialist. Documents completed by other health professionals will not be accepted. Medical certificates are legal documents</p>
OR	
<input type="checkbox"/>	<p>Compassionate circumstances include hardship or trauma which occurred during preparation for a final examination or before the deadline to submit the final assessment, for example:</p> <ol style="list-style-type: none"> a. a death or serious illness of a close family member b. a severe disruption to domestic arrangements c. being a victim of crime d. an accident <p><u>Supporting Documents</u></p> <p><input type="checkbox"/> Section D completed by a Student Engagement Unit counsellor who had prior knowledge of you and your circumstances, OR</p> <p><input type="checkbox"/> A form certifying that the student was unfit to participate on medical grounds, a medical certificate, or a letter on letterhead signed by a medical practitioner, health practitioner or approved specialist, OR</p> <p><input type="checkbox"/> A letter from a person qualified to assess and support the application, e.g. a counsellor, OR</p> <p><input type="checkbox"/> A certificate from a funeral director or death notice, OR</p>
OR	
<input type="checkbox"/>	<p>Special circumstances may include:</p> <ol style="list-style-type: none"> a. religious observance b. community service, for example: jury duty, an unforeseen call to the Australian Defence Force or state emergency service c. a summons to appear in court d. a minor vehicle accident that occurred on the day of the examination e. Training/sporting/rehearsing/performing commitments for elite athletes and performing artists as identified on the UniSA website pages 'Elite athletes and elite performing artists'. f. Employment related circumstances such as a move interstate at short notice. Changed employment circumstances that are within the student's control, or holiday arrangements, are not special circumstances. <p><u>Supporting Documents</u></p> <p><input type="checkbox"/> a certified call to Australian Defence Force service, OR</p> <p><input type="checkbox"/> a description, including the date, of the emergency attended for State Emergency Service or Country Fire Service personnel, OR</p> <p><input type="checkbox"/> a letter confirming changed employment circumstances, OR</p> <p><input type="checkbox"/> a letter confirming known commitments for elite athletes and performing artists, as identified on the UniSA website pages 'Elite athletes and elite performing artists', OR</p> <p><input type="checkbox"/> a copy of an accident report, OR</p> <p><input type="checkbox"/> a court summons, OR</p> <p><input type="checkbox"/> other please specify:</p>



Part D - Compassionate Grounds

This part is to be completed by the registered treating psychiatrist, psychologist, or by a counsellor who has prior knowledge of the student and their circumstances.

An authority to release information is included in the student declaration in Part E of this form. Information provided will only be used for the purposes of assessing eligibility for a secondary assessment.

I, _____,

a registered psychologist, registered psychiatrist, or counsellor, certify that on ____/____/____ (date of consultation) I consulted with _____ (student's name). In

my opinion there are unexpected or exceptional circumstances that will prevent / prevented the student from attending the final examination / undertaking the final assessment. The student will be / was affected by these circumstances for the period ____/____/____ to ____/____/____ (both dates inclusive).

Additional Comments:

Declaration

I declare the above information is complete, true and accurate

Signature:

Official stamp:

Date:

Part E - Student Declaration

I declare that

- the information provided in this application is complete, true and accurate, and
- I have read and understand the information on page 1 of this application form, and
- I understand that if my Application for Secondary Assessment is approved and the outcome is an alternative or replacement final assessment or examination, I will not be able to apply for a deferral of this secondary assessment or exam for a second or subsequent time, and**
- I authorise my treating medical practitioner, health practitioner, approved specialist or counsellor to release any relevant information necessary to the University in support of my application, and
- I understand that audits are completed on the supporting documentation. If I choose only to provide a copy of my supporting documents I will ensure to the originals are retained.

Student Signature:

Date:

OFFICE USE ONLY

Partner Administration Office

Date received:

Date uploaded to Collaborate™:

Director: Student and Academic Services

Comments:

Signature:

Date: