

# Application for Special Consideration for a Missed Examination, or Impaired Examination Performance or Preparation COUNSELLING



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## Important Information for Students and Practitioners. Counsellors/Psychologists are required to complete Section B

- You should complete this form (or the ‘Application for Special Consideration – MEDICAL’) if, due to circumstances beyond your control, your situation falls under one of the three provisions for special consideration listed below:**
  - Absence from an examination** - you have been prevented from sitting an examination.
  - Serious impairment to examination performance** - you consider your examination performance has been seriously impaired by illness, injury, personal bereavement or any other critical circumstance.
  - Serious impairment to examination preparation** - you consider your examination preparation has been seriously affected by an illness or trauma, for which you are under continuous and well documented care by a qualified person, eg. a medical practitioner or counsellor. To make an application under this provision you must demonstrate that effective preparation for the examination was not possible in the two weeks immediately before it.
- For an application **on compassionate grounds**, you must consult a registered psychologist or counsellor, who must complete this form, on the day of the examination, or, if this is not possible, **within 24 hours of the examination**. Completed forms must be returned to the **Assessment Office** or to the **Student Counselling Centre** at the University of Waikato **within 72 hours of the examination**.
- (For an application **on medical grounds**, you should consult with a medical or dental practitioner or midwife **within 24 hours of the examination** and have them complete the ‘**Application for Special Consideration – MEDICAL**’ and return the form to the **Assessment Office** or the **Student Health Service** at the University of Waikato **within 72 hours of the examination**.)
- Applications completed by external counselling professionals will be reviewed by a University of Waikato Counsellor.**
- All enquiries to: The Assessment Office, The Gateway (Te Kuaha), Gate 5, Hillcrest Road, Hamilton.** A decision on your application will be sent to you by mid July for A Semester examinations or late November for B Semester examinations.

*Please turn over the page for more information and application instructions.*

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***This page of the Special Consideration form will be returned to you to acknowledge receipt of your application and to allow you to retain this information for future reference.***

Please fill in your name and term address:

6. **To complete your application you will need to:**
- (a) fill in all relevant information in Section A of this form;
  - (b) **consult a registered practitioner as detailed in point 2 who will complete Section B as appropriate;**
  - (c) include satisfactory supporting evidence of:
    - (i) ***injury or illness - a confidential report from the registered professional consulted***
    - (ii) ***bereavement/critical illness of a close relative - satisfactory evidence of death or illness of the relative and evidence of the effect of this on you is required;***
    - (iii) ***other critical circumstances - documentary evidence of the nature and time of the circumstance occurring, must be provided;***
  - (d) note that it is **your** responsibility to ensure that your application is submitted **as detailed overleaf.**

7. **Guidelines for approving and declining applications** which relate to straightforward cases are listed below. Individual cases which do not exactly meet these guidelines will be considered on a case by case basis.

**Approval will be given:**

- (a) where a registered midwife or medical practitioner, or University Counsellor has advised the student in writing that they are unfit to sit the examination;
- (b) for diseases where there is a specific medical requirement for isolation and no separate examination facility is available;
- (c) for a mother up to seven days after the birth of her child. An additional period before or after the birth may be granted under the provisions of (a) above;
- (d) for the partner of a mother 24 hours either side of the birth of the child;
- (e) for up to seven days after the death of a close relative or friend on the production of satisfactory evidence.

**Approval will not be given:**

- (a) where self-inflicted conditions exist, eg. students who suffer from having studied all night or who have taken medication contrary to medical advice or have had writer's cramp in an examination;
- (b) for a broken limb (other than a writing arm) or pregnancy. **These conditions** are not grounds for special consideration **unless there are complicating factors;**
- (c) for mistaking the time or date of the examination unless there are critical circumstances that may have affected a student's judgement.

8. **If your application is approved,** the appropriate chief examiner will be notified.

The chief examiner may at his or her discretion:

- estimate a grade for the paper, or
- offer a special examination.

9. **For further information or assistance contact:** the Assessment Office, The Gateway (Te Kuaha), by phone: +64 7 838 4466 extension 6722 or 8018, or fax: +64 7 838 4539, or e-mail: [exams@waikato.ac.nz](mailto:exams@waikato.ac.nz)

*Refer to Regulation 15 and 17 of the Assessment Regulations in the University of Waikato Calendar.*

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Completed forms must be returned within **72 hours** of the examination(s) as detailed in Section 2 on Page 1 of this form.

Family Name: \_\_\_\_\_ Mr/Ms/Mrs/Miss/Other: \_\_\_\_\_  
 First Names: \_\_\_\_\_ ID No: \_\_\_\_\_  
 Daytime Telephone: \_\_\_\_\_ email address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Have you filled in the name and address box on the cover sheet?*

**I am applying for special consideration for the following examinations:**

Paper Code	Paper Title	Examination Date & Time	Did you sit the examination? <small>circle one</small>	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

**Declaration** (student to complete either (a), (b) or (c), AND (d). *(Use extra paper if required)*  
**Either:**

(a) **Absence:** I was unable through illness, injury or on compassionate grounds, to present myself to the examination(s), extending from \_\_\_\_\_ to \_\_\_\_\_. I was absent for the following reasons: \_\_\_\_\_  
 \_\_\_\_\_

**or:**

(b) **Impairment:** My performance in the examination(s) which I did attempt to sit was **seriously impaired** in the following ways: \_\_\_\_\_  
 \_\_\_\_\_

**or:**

(c) **Impaired Preparation:** My preparation for the examination(s) which I did attempt to sit was **seriously impaired** in the following ways: \_\_\_\_\_  
 \_\_\_\_\_

**AND:**

(d) I authorise my doctor/dentist/midwife/psychologist/counsellor to release the information in either Section B or Section C to the University for examination purposes.

**Student**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Have you applied for Special Consideration before?</b></p> <p style="text-align: right;">Yes No</p>
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**I have attached the following documents** (eg. death notice from newspaper) **in support of my application:** \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only:**

*(circle either Yes or No where appropriate)*

Student has signed form?	Yes	No	School: _____
Doctor/Counsellor has completed form?	Yes	No	Paper Code/Title correspond? Yes No
Student attempted the examination?	IMP	DNS	
Approved	Counselling	Data entered on Jasper: / /	
Declined	Medical		
Committee	Mistook Time/Other	Memo sent to department: / /	

## Section B - Counsellor's/Psychologist's Certificate

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### Counsellors/psychologists please note:

The special consideration procedures require that sufficient detail be provided to make it clear that the student's reasons for this application are genuine **and to make possible the refereeing of the application by the University's counsellors. Special Consideration can only be approved where the level of impairment is SERIOUS.** Please give objective data as appropriate.

### **Consultation must take place within 24 hours of the examination(s) affected.**

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I certify that \_\_\_\_\_ consulted with me on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
at \_\_\_\_\_ (time) and also on \_\_\_\_\_ (if applicable).

My observations and remarks as follows: \_\_\_\_\_  
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\_\_\_\_\_

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Complete **ONE** of the following statements:

- It is my opinion that \_\_\_\_\_ 's examination **performance was/will be** unimpaired moderately impaired seriously impaired when the student sits/sat the examination on \_\_\_\_\_ (date/s). **(The student is still expected to sit the examination).**
- It is my opinion that \_\_\_\_\_ 's examination **preparation was/will be** unimpaired moderately impaired seriously impaired for the examination the student will sit/sat on \_\_\_\_\_ (date/s). **(The student is still expected to sit the examination).**
- It is my opinion that \_\_\_\_\_ **is/was unable to attend the examination** on \_\_\_\_\_ (date/s) at (time) \_\_\_\_\_ **for the reasons noted above.**
- The student mistook the time of the examination.  Mitigating Circumstances

Date: \_\_\_\_\_ Signed:(registered Psychologist or Counsellor) \_\_\_\_\_  
Name:(please print) \_\_\_\_\_  
Address: \_\_\_\_\_

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**Please note: It is the student's responsibility to submit this form, once completed please hand to the student.**