1. **You should complete this form 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.

2. For an application on medical grounds, you should consult with a medical or dental practitioner or midwife, who must complete this form, on the day of the examination, or, if this is not possible, **within 24 hours of the examination**. For an application on compassionate grounds, you should consult with 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**.

3. Completed forms must be returned **within 72 hours of the examination** to:
   - Hamilton Campus: the **Student Admin counter in the Student Centre** or the **Student Health Centre**
   - Tauranga Campus: **Maharaia Bldg**, Windermere or the **Information Centre** at the Bongard Centre

4. Applications completed by external medical professionals will be reviewed by the University of Waikato Medical Officer in Charge.

5. **To complete your application you will need to**:
   - fill in all relevant information in Section A of this form;
   - consult a registered practitioner as detailed in point 2 who will complete Section B as appropriate;
   - include satisfactory supporting evidence of:
     - **injury or illness** - a confidential report from the registered professional consulted
     - **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;
     - **other critical circumstances** - documentary evidence of the nature and time of the circumstance occurring, must be provided;
   - note that it is **your** responsibility to ensure that your application is submitted as detailed overleaf.
6. **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:**
- where a registered midwife or medical practitioner, or University Counsellor has advised the student in writing that they are unfit to sit the examination;
- for diseases where there is a specific medical requirement for isolation and no separate examination facility is available;
- 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;
- for the partner of a mother 24 hours either side of the birth of the child;
- 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:**
- 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;
- for a broken limb (other than a writing arm) or pregnancy. These conditions are not grounds for special consideration unless there are complicating factors;
- for mistaking the time or date of the examination unless there are critical circumstances that may have affected a student’s judgement.

7. **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.

8. **All enquiries to:**
The Assessment Office, phone: +64 7 856 2889 extension 4941, or 0800 WAIKATO extension 4941, or fax: +64 7 838 4539, or e-mail: exams@waikato.ac.nz

*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 ENSURE YOUR CONTACT DETAILS ARE UPDATED ON OUR STUDENT DATABASE SO THAT WE CAN CONTACT YOU WITH THE OUTCOME OF YOUR APPLICATION**

*Completed forms must be returned within 72 hours of the examination(s) as detailed in Section 3 on Page 1 of this form.*
SECTION A (STUDENT DETAILS)

1. MY DETAILS
Family Name:_____________________
ID Number:_________________ Phone: _______________
First Names:_____________________
Email address: ____________________________________

2. EXAMS AFFECTED
I am applying for Special Consideration for the following examinations:

1. Paper Code ___________________ Did you sit the exam?
   Date/Time________________________ YES / NO

2. Paper Code ___________________
   Did you sit the exam?
   Date/Time________________________ YES / NO

3. Paper Code ___________________
   Did you sit the exam?
   Date/Time________________________ YES / NO

4. Paper Code ___________________
   Did you sit the exam?
   Date/Time________________________ YES / NO

5. Paper Code ___________________
   Did you sit the exam?
   Date/Time________________________ YES / NO

6. Paper Code ___________________
   Did you sit the exam?
   Date/Time________________________ YES / NO

3. EVIDENCE REQUIRED (tick as relevant)
   □ Your counsellor/medical professional has completed section B of the application
   □ Evidence of funeral and relationship to the deceased
   □ A signed statement from a relevant third party
   □ Other supporting documentation
   □ I have signed the declaration at the bottom of this form
   
   NB: Please ensure you attach all forms of evidence that are applicable otherwise your application cannot be processed.

4. MAIN REASON FOR APPLICATION
   □ Medical
   □ Compassionate circumstances (death or illness of close relative or other compelling circumstance)
   □ Other__________________________

5. DECLARATION (Use extra paper if required)
   □ ABSENCE - I was ABSENT for the following reasons:
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________

   □ IMPAIRMENT - My performance in the exam(s) and/or my preparation for the exam(s) which I did attempt to sit was seriously impaired in the following ways:
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________

   □ AND I authorise my doctor/dentist/midwife/psychologist/counsellor to release the information in section B to the University for examination purposes.

6. STUDENT SIGNATURE:
   __________________________
   __________________________
   Date:
   __________________________
   __________________________

   Have you ever applied for special consideration before (including prior to this examination period)?
   YES       /      NO    (please circle)

For Office Use Only: (circle either Yes or No where appropriate)
   Student has signed form? Yes No
   Data entered on SMS: / /
   Doctor/Counsellor has completed form? Yes No
   Memo sent to department: / /
   Student attempted the examination? IMP DNS
   Approved
   Declined
   Committee
   Counselling
   Medical
   Mistook Time/Other
SECTION B (To be completed by Doctor/Counsellor/Midwife/Other Health Professional)

CONSULTATION MUST TAKE PLACE WITHIN 24 HOURS OF THE EXAMINATION(S) AFFECTED.

I certify that ___________________________ consulted with me on / / at (time)________________ and also on (additional time if applicable) __________________________ and on the day(s) of, or preceding the exam the student suffered the following illness, injury, bereavement, or other critical personal circumstance:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Practitioner please note: The special consideration procedures require that sufficient detail be provided to make it clear that the student was not responsible for the illness or disability and to make possible the refereeing of the application by the University's doctors. Special Consideration can only be approved where the level of impairment is SERIOUS. Please give objective data as appropriate (clinical findings, special examinations, tests, etc). If the student is suffering from an exacerbation of a chronic illness, please comment accordingly.

Please indicate the level of impairment you assess the student to be suffering by ticking below:

<table>
<thead>
<tr>
<th>Degree of Impairment</th>
<th>Dates Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very serious impairment</strong>, such that the student was unable to attempt and/or prepare for the exam(s) <em>(I recommend/ed that the student NOT sit the exam)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Serious impairment</strong>, such that the student was probably unable to prepare adequately for the exam(s) OR the student was able to attempt and prepare for the exam(s), with substantial reduction in performance likely. <em>(The student should still attempt/have attempted the exam)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Moderate impairment</strong>, such that the student was able to attempt and prepare for the exam(s) with some reduction in performance likely</td>
<td></td>
</tr>
<tr>
<td><strong>Mild or no impairment</strong>, such that the student was able to attempt and prepare for the exam(s) with performance minimally affected</td>
<td></td>
</tr>
<tr>
<td>The student mistook the time (please make note of any mitigating circumstances)</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please use additional paper if required

Date: / / Signed: *(registered medical professional/counsellor)*

Name: *(please print)*

Address: