



This form is used in conjunction with the Special Consideration eForm.

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross (**X**).
You may apply for Special Consideration if you experience serious misadventure, accident or extenuating circumstances beyond your control.

More information about applying for Special Consideration is available at westernsydney.edu.au/specialconsideration.
You can view full details of the Special Consideration policy under 'S' in the A-Z policy list at westernsydney.edu.au/policy.

1 - PERSONAL DETAILS

Student ID number Daytime contact phone number

Title Family name

Given name(s)

2 - MEDICAL CERTIFICATE

The certificate must be completed by a registered medical practitioner and have the practitioner's provider stamp affixed.
Stress and/or anxiety associated with exams 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**

is unfit for studies from Date Date

Is the patient's condition severe enough that it prevents them from completing an assignment, class work, fieldwork or exam? 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 affect the patient's capacity to sit a 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

All sections of this form must be completed.

Provider's stamp

**MUST BE
AFFIXED
HERE**

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