



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 Disruption to Studies policy under 'D' 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

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.

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: [X] an examination of the patient [X] information provided by the patient [X] 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.

Empty box for patient details

Practitioner's signature PRACTITIONER'S SIGNATURE Date

All sections of this form must be completed.