WESTERN SYDNEY
UNIVERSITY

STUDENT ADMINISTRATION &
REGISTRAR OFFICE

WWAP MEDICAL/ SUPPORT FORM

This form is used in conjunction with the Withdrawal without Academic Penalty form.

Please complete this form in BLACK INK using CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X). To apply for a Withdrawal Without Academic Penalty for a subject(s) a student must provide evidence that their circumstances made it impractical to complete their studies. If the student has been affected by circumstances involving a family member or friend, the supporting evidence should focus on how the situation has impacted the student personally, rather than detailing the experiences of the other individual.

More information about applying for Withdrawal Without Academic Penalty is available at link. You can view full details regarding Withdrawal without Academic Penalty in the Enrolment policy under 'E' 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/ WSU COUNSELLING, DISABILITY AND WELFARE

The certificate must be completed by a registered medical practitioner or WSU Counsellor/Disabilities/Welfare Officer and have the provider stamp affixed. Please complete all sections below.

Name of practitioner

Provider number

Address

Contact telephone(s)

External 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.

Date of attendance D D / M M / Y Y Y Y

I certify that I have seen PATIENT/ STUDENT'S NAME

- ☐ that I have provided professional support to the student named above, and based on my assessment: and/or
- ☐ that I have sighted independent evidence that confirms this student's extenuating circumstances.

and based on my professional opinion the student experienced personal or welfare-related circumstances have significantly impacted their ability to continue studying.

It became apparent that the student could not continue with their studies for the impacted subject(s) on the following date/s: **Start Date** D D M M Y Y Y Y **End Date** D D M M Y Y Y Y

Did the circumstances worsen after the start date? ☐ Yes ☐ No

If yes, what date did the circumstances worsen? D D M M Y Y Y Y

Practitioner's signature & Date PRACTITIONER'S SIGNATURE D D / M M / Y Y Y Y

All sections of this form must be completed.

In providing my personal information to the University, I understand that other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.