

**Application for Deferred Assessment**

**Students should refer to the University’s AssessmentPolicy and Procedures for further information on Deferred Assessment, available at** [**flinders.edu.au/ppmanual/student/assessment-policy.cfm**](http://www.flinders.edu.au/ppmanual/student/assessment-policy.cfm)

**Instructions to students:**

* A student who is unable to sit an examination due to unforeseen or exceptional circumstances should complete this form and lodge with the relevant College office(s) **within three working days** of the date of the examination. You may also submit your application online [flinders.edu.au/current-students/exams-assess-results/examinations/supplementary-assessment.cfm](http://www.flinders.edu.au/current-students/exams-assess-results/examinations/supplementary-assessment.cfm).
* It is the student’s responsibility **to provide documentary evidence** from a qualified professional practitioner to support this application i.e.
	+ - from a qualified medical practitioner in the case of physical illness
		- from a qualified medical practitioner, psychologist, social worker or counsellor in the case of emotional distress
		- from an appropriate source in the case of applications on compassionate grounds (eg. evidence of funeral attendance, court appearance etc)
		- Elite Athlete Status has been granted
		- other appropriate documentation.
		- It is the student’s responsibility to meet any costs involved in providing documentary evidence in support of an application for a Deferred assessment.

**Student must submit this form to the College offering the topic in question**

*(ie the College offering the topic having the exam). If you are unsure which College your Topic is aligned with, please the check the following webpage:* [students.flinders.edu.au/my-course/course-college](https://students.flinders.edu.au/my-course/course-college)

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| --- | --- |
| **College of Business, Government and Law**Room 261, Social Sciences SouthTel 8201 3300BGLEnquiries@flinders.edu.au**College of Education, Psychology and Social Work**Room 4.69, Education BuildingTel 8201 7800EPSWEnquiries@flinders.edu.au**College of Humanities, Arts and Social Sciences**Level 2, Room 201Humanities BuildingTel 8201 7900HASSEnquiries@flinders.edu.au | **College of Medicine and Public Health**Medicine ReceptionLevel 5, Room 5E209Flinders Medical CentreTel 7221 8200cmph.enquiries@flinders.edu.au**College of Nursing and Health Sciences**Level 1, Room N103Sturt NorthTel 8201 7500NHSEnquiries@flinders.edu.au**College of Science and Engineering**Room 1304, Physical Sciences BuildingTel 8201 7700seenquiries@flinders.edu.au |

*Please complete information over the page and return to your College Office*



FLINDERS UNIVERSITY

GPO BOX 2100, ADELAIDE SA 5001

**Application for Deferred Assessment**

**Student Details**

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| --- | --- | --- |
| **Student ID No** | **Flinders Email** | **Name of Course** |
| **Title** | **Family Name** | **Given Name(s)** |
| **Mailing or Alternative Email Address** | **Phone Number** |

Topic(s) in which **Deferred Assessment** is sought

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic Code** **eg, BUSN1001** | **Type of Assessment****eg. Exam, Assignment** | **Date of Assessment** | **Was exam attempted?** | **If yes, did you leave the exam early?\*** |
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*\* Students that finished an exam early must complete an Early Departure form (in person) or Online Examination Incident report (for online exams) to be eligible for a Deferred Assessment.*

**My grounds for this application**

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| --- |
| Please describe briefly the circumstances that caused you to submit this application.*(The University will treat this information as confidential)***Do you have Alternative Exam Arrangements? Yes/No****Student Declaration and Signature*** I declare that the information provided on this form is complete, true and accurate and the supporting evidence covers dates applicable to this application (eg. a medical certificate for the date of the exam)
* I confirm that I have read and understood the Flinders University Privacy Policy, and consent to the collection, processing and disclosure of my personal information in accordance with that of the Policy
* I understand that in submitting this application I authorise the professional practitioner to provide information to the University about this application
* I understand that it is my responsibility to meet any costs involved in providing documentary evidence in support of this application
* If I attempted the exam, I can confirm that I completed an Early Departure form or an Online Examination Incident Report or consent to logs being checked to verify my departure time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |

ABN 65 542 596 200, CRICOS No. 00114A