

### Joint Medical Program (JMP)

#### APPLICATION FOR ADVERSE AND SPECIAL CIRCUMSTANCES (Major Assessment Items Only)

You must read the JMP Adverse and Special Circumstances Affecting Assessment Procedure at:

<http://www.newcastle.edu.au/about-uon/governance-and-leadership/policy-library/jmp-document?RecordNumber=D09/2051P>

before completing this application.

Where circumstances affect a JMP student's performance in a major assessment item (worth 20% or more of the final result), students may apply for either:

- i) a Rescheduled Examination (apply up to ten (10) calendar days before the examination/assessment item date) or
- ii) an Extension of Time to submit (apply up to the day the assessment item is due – DOES NOT APPLY to examinations) or
- iii) a Supplementary assessment where the original assessment item was not attended/completed due to the adverse or special circumstances (apply within three (3) calendar days of the due date of the assessment) or
- iv) Special Consideration (apply within three (3) calendar days of the date of any assessment affected). If more than one assessment is affected under this category, students should apply once for each assessment item affected and within three (3) calendar days of each due date).

**This form must be accompanied by supporting documentation. Provide original documents or certified copies of original documents.**

**It is required that you keep a photocopy of your completed application.**

Students requesting special consideration in a minor assessment item do not complete this form. Application for a minor assessment is to be made in writing (via email) to the Course/Unit Coordinator(s).

#### A. Student Details (please print in CAPITAL LETTERS)

Last Name: \_\_\_\_\_ Student Number: 

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First Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

#### B. This is an application for:

An **Extension of Time** for submission/presentation of an assessment item worth 20% or more of the final result. If so, state:

i. How long an extension of time you require: \_\_\_\_\_

ii. The new date you propose submitting the task: \_\_\_\_\_

OR

**Special Consideration** for:  Final Examination  Other examination  Other major assessment item (>20%)

Based on:  Medical  Compassionate  Hardship/trauma

Unavoidable commitment

OR

Rescheduled Examination based on:

- Medical       Compassionate       Hardship/trauma  
 Unavoidable commitment

Please provide a detailed reason for your application:

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You must submit certified documents to support your claim.

Students applying on medical, including psychological, grounds must submit a medical certificate, completed by a registered medical or dental practitioner or other appropriate professional. The certificate should state:

- i. the date on which the practitioner examined the student; and
- ii. the severity of the condition; and
- iii. the likely period of impact on the student.

Refer to clause 3.8 of the **Procedure** for more information about the type of documentation that is required.

**Note that a statutory declaration on its own is not sufficient documentation for any grounds.**

### C. Unit:

If applying for a rescheduled examination complete Table 1.

If applying for an extension of time or special consideration complete Table 2.

Table 1. Rescheduled Examination

Unit Code	Unit Name	Scheduled date	Suggested Reschedule	Course/Unit Coordinator(s)

Table 2. Extension of Time or Special Consideration

Unit Code	Unit Name	Nature of Assessment eg Final exam	Scheduled due date	Course/Unit Coordinator(s)

Signed and dated by student: \_\_\_\_\_ Date: \_\_\_\_\_

**Due date for lodgement**

This application must be lodged with supporting documentation through AskUNE or by fax to Student Central by the following dates:

For an **extension of time** for a major assessment item – No later than the due date of the assessment item.

For **special consideration** for a major assessment item or examination – No later than three (3) calendar days after the date of the assessment or examination

For an **alternate/supplementary examination** – No later than three (3) calendar days after the date of the examination.

For a **rescheduled examination** of a major assessment item – No later than ten (10) calendar days prior to the start of the scheduled examination.

**Office Use Only****Extension of Time**

Granted  Yes  No New submission date: \_\_\_\_\_

Course/Unit Coordinator name (please print): \_\_\_\_\_

Course/Unit Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

Major assessment items only – 2 copies to student  Yes  No

**Special Consideration / Alternate/Supplementary Examination (as determined by Year Assessment Decision Committee)**

Recommendation (tick appropriate box)

not accepted – timing or documentation inadequate  result to remain unchanged

student permitted to withdraw without failure  supplementary or replacement assessment item

Chair – Year Assessment Decision Committee (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course/Unit Coordinator (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rescheduled Examination**

Recommendation (tick appropriate box):

approved (School retain copy, send to Examinations)

supplementary or replacement examination paper

not accepted (School retain copy and notify student)

Course/Unit Coordinator(s)

Course/Unit Coordinator (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Convenor (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Year Managers: If you require the Examinations Office to conduct the examination, please contact the Examinations Office. Please note that the Examinations Office will only conduct this examination if the proposed date is in the formal examination period.**

