



Due date: no later than 5 days after the date the original examination was held

The Executive Dean may approve a special examination when a student is unable to sit or complete an original examination for medical or compassionate reasons, or in other exceptional circumstances.

Detailed information about how applications are assessed by the approval authority is found through *myAdvisor* at <http://www.uq.edu.au/myadvisor/> You are advised to read this information before submitting an application.

This application must include the original medical certificate and/or the declaration (as appropriate) required under General Award Rule 1A (refer <http://www.uq.edu.au/myadvisor/rules>). Forms should be submitted through the Student Centres or mailed to the Student Centre at the St Lucia campus.

The medical certificate or declaration may be in another format and need not be completed as on the back of this form. However, any document relevant to this application must be securely attached to the form.

NAME	[Last Name, Given Name(s)]					
STUDENT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FACULTY (EG. BEL, EAIT)						
PROGRAM (EG. MBA, BSC, LLB)						
ATTENDANCE MODE	Internal	<input type="checkbox"/>	External	<input type="checkbox"/>	Multi-modal	<input type="checkbox"/>

REASON FOR APPLICATION FOR SPECIAL CENTRAL EXAMINATION(S):

- I was/will be unable to sit the examination(s) for medical reasons.
- I was/will be unable to sit the examination(s) for other reasons stated in the declaration overleaf.
- I sat the examination(s) and notified the examination supervisor of my intention to apply for a special examination prior to leaving the examination room. I acknowledge that my performance will be disregarded for the reasons stated in the medical certificate or in the declaration overleaf.

ATTACH SUPPORTING DOCUMENTATION

Course Code (indicate T or P where applicable)*	Central Examination	School Examination	Examination Date	FACULTY/ SCHOOL/ EXAMINATIONS USE ONLY APPROVAL RECORD			
				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

* Where appropriate indicate (T) to represent theory examination or (P) to represent practical examination after the course code.

I declare that the information supplied herein is correct and complete and that the documentary evidence supporting this application is authentic. For an application on medical grounds, I confirm that the medical practitioner is not a near relative or close associate¹ of the undersigned. I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in disciplinary action.

	SIGNATURE	DATE
APPLICANT		

APPROVAL AUTHORITY	SIGNATURE	DATE
DEAN/ ASSOCIATE DEAN (ACADEMIC)/ HEAD OF SCHOOL/MANAGER, EXAMINATIONS		
NOTE / COMMENT ON RULING		
SUPERVISOR NOTIFIED	YES / NO	
DETAILS POSTED TO SI-NET		

¹ Examples of near relatives are partner, child, brother, sister, or parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.

MEDICAL CERTIFICATE

(If you are attaching the original of a suitable medical certificate you do not need to have this section completed)

I,, medical practitioner or registered nurse², certify that on the date of

#..... I saw and examined

◆ and am of the opinion that he/she * ◆ who states he/she * * (delete as necessary)

was handicapped for the reasons stated below **(please print)**

♣
.....

On the basis of my diagnosis I certify:

to the existence of valid medical grounds which prevented/will prevent the candidate from sitting the examination(s) held on #

that the candidate became incapacitated during the examination(s) held on #.....

If on more than one occasion, please state all applicable dates

♣ Please insert any brief statement on the candidate's condition which can appropriately be made to assist consideration of the application.

Declaration: I confirm that the patient is not a near relative or close associate¹ of the undersigned medical practitioner.

Signature

Date

Name & address of medical practitioner / registered nurse (please stamp or print)

¹ Examples of near relatives are partner, child, brother, sister, or parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.

²Registered Nurse means a person who is registered as a nurse under the Nursing Act 1992 and who is issuing a medical certificate as part of the nurses' clinical role in a general practice setting.

DECLARATION

(If you are attaching a declaration you do not need to complete this section)

To be completed if there were exceptional circumstances as a result of which you were/will be unable to sit an examination/wish your performance in the examination to be disregarded.

I,, Student Number.....

of
(address)

sincerely declare that

(please continue on separate page if necessary)

And I make this declaration conscientiously, believing the same to be true.

Signature:..... Date:.....