Received Student Administration

APPLICATION FOR DEFERRED EXAMINATION

Applications must be received within 48 hours of the examination date

INSTRUCTIONS – READ BEFORE PROCEEDING

The Dean of the subject Faculty may allow a candidate to sit for a deferred examination where a candidate can demonstrate genuine inability to sit the normal, set examination, through illness or other exceptional and unexpected circumstances beyond their control. Please refer to the Division 5 Assessment Regulations in Part 2 Academic Regulations 5/51 at: http://www.bond.edu.au/student-resources/exams-assessment/deferred-examinations/index.htm

Deferred examinations are conducted during orientation week of the immediately following semester. Students must be available to sit their deferred exam/s on any day from Wednesday – Friday of orientation week. The timetable for deferred exams will be published on Monday of Orientation week at 5pm and will be available on the Bond website. You will also receive an email to your Student account advising that the timetable is available. If you do not receive this information at the beginning of Bond Week it is your responsibility to contact your Program Advisor or Student Administration..

Assessment Regulation 51.2 states that applications must be lodged with Student Administration with the appropriate documentation no later than 48 hours after the timetabled examination. Deferring an existing deferred exam is not permitted.

PERSONAL DETAILS

STUDENT NUMBER _____ FAMILY NAME _____ GIVEN NAMES _____

DEGREE PROGRAM _____ CONTACT PHONE NUMBER _____ SEMESTER _____

EXAMINATION DETAILS – LIST THE EXAMINATIONS YOU ARE APPLYING TO DEFER

Subject Code	*Subject Title*	Date of Examination	Sat ✓ Tick if you sat the exam	OFFICE USE ONLY SENT TO FACULTY	OFFICE USE ONLY APPROVE YES/NO
-					
-					
-					
-					

REASON FOR APPLICATION

❑ *Medical reasons* – If an application is based on medical grounds, a student must submit the *Bond University Student Medical Certificate (see overleaf)* completed by a registered medical practitioner stating:

a) The date on which the medical practitioner examined the student.
b) The severity and duration of the complaint, expressed as a medical opinion
(Certificates merely reporting the student's account of an illness may not be accepted.)
c) The practitioner's opinion that the student was unable to sit the exam on the scheduled date of the examination.

If it is not possible to use the Bond University Student Medical Certificate a student may submit a certificate from a medical practitioner providing the certificate contains information as requested on the University certificate and covers points a, b, and c above.

❑ *Non-medical reasons* - Applications based on non-medical grounds must be accompanied by documentary evidence supporting the case plus a signed statutory declaration attesting to the unexpected and exceptional circumstances beyond the student's control that precluded them from sitting part or all of the relevant examination.

STUDENT'S DECLARATION

- I declare that I have read the Academic Regulations.
- I declare that the information provided on this application is true and correct.
- I accept that I must be available to sit any approved deferred examinations during orientation week of the immediately following semester.
- I accept that the submission of this form alone does not guarantee the application will be approved.
- I understand that deferring a deferred exam is not permitted and that failure to attend a deferred examination will result in a failing grade being awarded for that piece of assessment.
- I accept that applications may be rejected if there is reason to believe a student is trying to gain an unfair advantage through a deferred examination.
- I accept that late submission of this form may result in the application not being considered.
- If the application is based on medical grounds, I declare that the medical practitioner is not a near relative or close associate of the undersigned.
- I authorise and consent to the University obtaining further verification of my medical condition from the Medical Practitioner issuing the medical certificate.

Signature: …….. Date: ……

FACULTY USE ONLY

Where the application is refused, state the reasons why:

……

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Signature of authorised Faculty representative: …….. Date: ……

BOND UNIVERSITY STUDENT MEDICAL CERTIFICATE

GUIDELINES

A student must submit the *Bond University Student Medical Certificate* completed by a registered medical practitioner stating:

I. The date on which the medical practitioner examined the student.
II. The severity and duration of the complaint, expressed as a medical opinion.
(Certificates merely reporting the student's account of an illness will not be accepted.)
III. The practitioner's opinion that the student was unable to sit the exam on the scheduled date of the examination.

If it is not possible to use the Bond University Student Medical Certificate a student may submit a certificate from a medical practitioner providing the certificate contains information as requested on the University certificate and covers points a, b, and c above.

MEDICAL CERTIFICATE

I, ……, a registered medical practitioner, certify that on

……/……/…….. (date of consultation)

I examined …… (student's name)

and am of the opinion that the student was disabled for the reasons stated below (please insert a brief statement on the student's condition with patient consent where possible). Where the nature of the complaint cannot be divulged for reasons of privacy the University will accept a statement from the medical practitioner indicating that the condition cannot be revealed but that the condition rendered the student unfit to sit for the examination. As per University Regulations, certificates merely reporting the student's account of an illness may not be accepted.

……..…

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……...

I certify that the student:

- ❑ is/was medically unfit to sit for the examination/s within the period ……..to …… (dates)
- ❑ became incapacitated and was unable in my opinion to complete the examination held on ……

Doctor's stamp:

Doctor's name, address, contact details and provider number.