



APPLICATION FOR ASSIGNMENT EXTENSION OR DEFERRED EXAM – MEDICAL REASONS

My medical practitioner has completed and signed the *Medical Declaration Section* on page 2 of this form

Yes No

STUDENT DETAILS		Student Number	
Family Name		Given Name(s)	
Student Signature		Date / /	
Student Email		Phone No	
Subject Code and Name		Tutorial Day/Time	Tutor's Name
Assessment/Exam Number & Name			Assessment/Exam Due Date / /

PLEASE NOTE: Mid-trimester and Final exams: There will be ONLY ONE (1) deferred exam offered. Failure to attend may mean students are unable to complete (pass) the subject and will need to re-do the entire subject.

How to Apply

Students may apply for assignment extensions or exam deferrals under significant or exceptional circumstances, but must be aware that there is no guarantee that a deferral will be granted.

In order to receive approval for an assignment extension or exam deferral, this form must be completed and **handed to KOI Reception OR emailed to academic@koi.edu.au within 3 working days of the assignment or exam due date.**

The application must satisfactorily demonstrate to the Academic Manager that there are exceptional circumstances outside of your control that prevent you from submitting the assignment or attending the exam on the due date, and be supported with original documents as supporting evidence.

Examples of the types of circumstances which may be considered include:

- Serious illness or psychological condition – e.g. hospital admission, serious injury, severe asthma, severe anxiety or depression that makes it not possible to submit the assignment or attend the exam on the original date/time.

Please note: conditions such as those associated with a cold, period pain, muscle strain or hay fever are not considered serious for the purposes of applying for or being granted assignment extension or exam deferral.

Supporting Evidence (original documents **MUST** be attached – no photocopies are acceptable) **may** include:

- A properly completed medical certificate **which must state the date/s on which the student was examined, and the medical practitioner's (doctor's) opinion of the effect on the student's ability to submit the assignment on time or attend the exam;**
- A letter of support from the Counselling and Disability Services may also be included where relevant.

In addition to a correctly completed medical certificate, the medical practitioner (doctor) must complete *Medical Declaration Section* at the top of page 2 of this form.

Consistent with KOI policy, the following factors **will NOT** be regarded as suitable grounds for justifying the granting of an assignment extension or exam deferral:

- Stress or anxiety normally associated with examinations, assessment tasks or any aspect of course work;
- Short-term ailments such as hay fever, colds, muscle strain, period pain etc.

A mere statement that the student was not fit for duty or was suffering from a medical condition will not be accepted.

Please note that in all cases the certificate must contain the medical practitioner's stamp, or the medical practitioner's contact details and provider number.



MEDICAL DECLARATION SECTION

(To be completed by the licensed/registered medical practitioner e.g. medical, psychological, dental)

I, (title and full name)

A licensed/registered practitioner (e.g. medical, psychological, dental)

certify that, on / / (day and date of consultation)

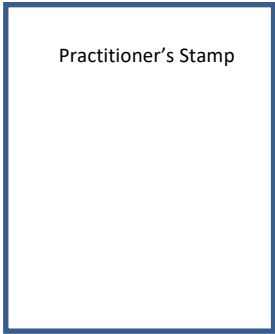
I examined (patient's full name).

The patient is suffering from

This patient states this condition commenced on

In my opinion this condition did/will affect the student's ability to submit their assignment / performance in the exam(s)
(Tick the most relevant box)

In a minor way Moderately Severely for the period from / / to / /



Remarks

I confirm I am not a near relative or close associate of the patient¹.

.....
Practitioner's signature

.....
Practitioner's provider license/professional registration number (or overseas equivalent)

..... / /
Date

Medical/health practitioner to note:
Non-specific statements that the student 'was not fit' or was suffering from 'a medical condition' will not be accepted.

DECLARATION

I hereby apply to be granted a deferred exam for the above-named subject.
Documentary evidence in support of my application is attached.
I confirm that the medical practitioner is not a near relative or close associate.¹
I declare that the information I have provided in this application and the attached documentation is correct and complete.

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Student Number Given Name(s) Family Name Signature Date

OFFICE USE ONLY (Academic Manager / authorised person to complete)

Date Received		Received By	
Evidence Attached	YES NO	If Yes, date deferred exam approved	
Deferred Exam Granted	YES NO	Authorised by Academic Manager (name)	Signature Date

Comments

Lecturer/Tutor advised (date & method)	Student advised (date & method)
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¹ Examples of near relatives are partner, child, brother, sister, parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.