

**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 South  Tel 8201 3300  [BGLEnquiries@flinders.edu.au](mailto:BGLEnquiries@flinders.edu.au)  **College of Education, Psychology and Social Work**  Room 4.69, Education Building  Tel 8201 7800  [EPSWEnquiries@flinders.edu.au](mailto:EPSWEnquiries@flinders.edu.au)  **College of Humanities, Arts and Social Sciences**  Level 2, Room 201  Humanities Building  Tel 8201 7900  [HASSEnquiries@flinders.edu.au](mailto:HASSEnquiries@flinders.edu.au) | **College of Medicine and Public Health**  Medicine Reception  Level 5, Room 5E209  Flinders Medical Centre  Tel 7221 8200  [cmph.enquiries@flinders.edu.au](mailto:cmph.enquiries@flinders.edu.au)  **College of Nursing and Health Sciences**  Level 1, Room N103  Sturt North  Tel 8201 7500  NHSEnquiries@flinders.edu.au  **College of Science and Engineering**  Room 1304, Physical Sciences Building  Tel 8201 7700  seenquiries@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