



# APPLICATION FOR AEGROTAT OR COMPASSIONATE CONSIDERATION FOR WRITTEN TEST

## IN ORDER TO APPLY

1. You must be enrolled in the course.
2. The test must count for a percentage of the marks awarded for the course.
3. You must have been prevented from sitting the test or consider that your preparation for and/or performance in the test was seriously impaired, because of temporary illness or injury or exceptional circumstances beyond your control.
4. You must have attempted the test if at all possible.
5. You must apply at the time of the test, pay the application fee of \$10 per course and submit this form with the evidence within one week of the test.
6. The regulation governing consideration for written tests is set out in the Examination Regulations in the *University of Auckland Calendar*, visit [www.calendar.auckland.ac.nz](http://www.calendar.auckland.ac.nz).

## MEDICAL OR OTHER EVIDENCE

1. The medical or other evidence must be sufficient to make it clear that you were either unable to attend the test or your preparation for and/or performance in the test was seriously impaired.
2. Where temporary illness or injury is concerned, you must see a registered medical doctor or dentist at the time of the test, while you are still unwell, and ask them to complete Section B of this form.
3. Where exceptional circumstances other than illness or injury are concerned, you must complete Section C and provide suitable supporting evidence. Your statement must include the dates or period of time when the circumstances occurred.
4. The evidence in Sections B and C will be referred to the University's medical or counselling advisers for consideration. If they certify that the evidence is in order, your Academic Head will be asked to make a decision on academic grounds, and will notify you of that decision by completing Section H and forwarding a copy to you within 21 days. If the evidence is not in order, you will be advised by the Examinations Office.
5. Information provided in Sections B and C is referred only to the University's medical or counselling advisers, and is held in confidence by them.

## SUBMITTING YOUR APPLICATION

1. Complete Sections A, D, and G.
2. Provide the medical or other evidence in Section B or Section C.
3. Address your application to University Health and Counselling Services, University of Auckland, Private Bag 92019, Auckland 1142, or hand in your application to University Health and Counselling Services, Information Commons, City Campus, or Level 3, Building 505, Grafton Campus, or R Block, Epsom Campus.
4. Submit your application within one week of the test together with the application fee of \$10 per course (to be paid by cheque if submitting by post).
5. A separate form must be completed for each test.

**SECTION A: To be completed by student**

Surname:  ID Number:   
Forenames:  Title (Mr/Mrs/Miss/Ms):   
Present Address:

**THEN COMPLETE SECTION B OR SECTION C**

**SECTION B: CONFIDENTIAL REPORT**

**To be completed by registered medical practitioner, registered dental practitioner or counsellor**

This is to certify that I was consulted by  on:

Details of the illness or injury

Further details, including consultation notes, may be attached to this report if appropriate

In my opinion this student was not responsible for the illness or injury and

- (a) is unfit to sit his/her test
- (b) has suffered impaired preparation for his/her test to a: mild degree  moderate degree  serious degree
- (c) has suffered impaired performance in his/her test to a: mild degree  moderate degree  serious degree

Name and Surgery Stamp:  Address:

Signature:  Date:  Phone:

NZMC Registration Number:

**SECTION C: EXCEPTIONAL CIRCUMSTANCES: To be completed by student**

**STEP 1 STATEMENT OF CIRCUMSTANCES OTHER THAN ILLNESS OR INJURY**

Give a detailed statement as to the nature of the circumstances which have affected your ability to sit the test. Take care to give full details of the date and/or the time period when the events occurred. (Attach a separate sheet if necessary)

**STEP 2 CERTIFICATION OF EVENTS: to be completed by an independent person** (eg, a witness, Medical Practitioner, Minister of Religion, Counsellor, Justice of the Peace, Solicitor) who can certify to the events described above (please print clearly)

I,    
Name Occupation  
of    
Address Contact Telephone Number

certify that the facts as set out in this application by  are correct and that I believe the circumstances to be beyond the applicant's control.

Signature:  Date:

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### SECTION D: To be completed by student

I have read the instructions and information on this form and I wish to apply for consideration in the test specified in Section G. I authorise my health practitioner or counsellor to provide the University with all medical and other information which may be relevant to my eligibility for aegrotat or compassionate consideration. For the avoidance of doubt, I authorise my health practitioner or counsellor to complete this form with my medical and other information and return this form together with any supporting documents to the University, and to provide the University with further information at its request (such as notes from the relevant consultation/s).

The University will only release the information obtained pursuant to this authorisation to the persons involved in the assessment of this application. In the event of a difference of opinion or a dispute concerning my application, I authorise the release of the information to an independent referee appointed by the University.

I understand that the information associated with this application will be used for the purpose of this application only and will not be released to other persons.

Signature:

Date:

**THEN COMPLETE SECTION G on page 4**

### SECTION E: CONSIDERATION OF MEDICAL EVIDENCE To be completed by University Medical Adviser

After considering the information provided by the student's medical practitioner, I consider that the student was not responsible for the illness or injury, and that the medical evidence is:

Sufficient to prevent the student from sitting the test

Sufficient to impair the student's preparation for the test to a:  
 mild degree     moderate degree     serious degree

Sufficient to impair the student's performance in the test to a:  
 mild degree     moderate degree     serious degree

**Not** sufficient to prevent the student from sitting the test

**Not** sufficient to support significant impairment when sitting the test

Doctor's stamp

Signature:

Date:

### SECTION F: CONSIDERATION OF EXCEPTIONAL CIRCUMSTANCES To be completed by University Counselling Adviser

After considering the information and evidence provided by the student, I consider that the exceptional circumstances are:

Sufficient to prevent the student from sitting the test

Sufficient to impair the student's preparation for the test to a:  
 mild degree     moderate degree     serious degree

Sufficient to impair the student's performance in the test to a:  
 mild degree     moderate degree     serious degree

**Not** sufficient to prevent the student from sitting the test

**Not** sufficient to support significant impairment when sitting the test

Counsellor's stamp

Signature:

Date:

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**SECTION G: NAME AND ADDRESS (for mailing): To be completed by student**

**STEP 1**

Last name	First name
Street address	
Suburb	
City	Post code

ID No:

Phone:

Email:  @aucklanduni.ac.nz

**STEP 2 TEST DETAILS**

*Note: A separate form must be completed for each test.*

Date of Test	Subject	Code	Course Title

**STEP 3 Tick as appropriate**

(a) I was unable to sit the test

**OR** (b) I sat the test but:

(i) My preparation was seriously impaired

(ii) My performance was seriously impaired

**SECTION H: DECISION : To be completed by Academic Head**

1. Refer to the reverse of this page for the consideration of medical evidence in Section E, or the consideration of exceptional circumstances in Section F.
2. Please indicate the decision on this application by ticking the appropriate box:
  - Your grade for the test remains unchanged
  - You are required to sit another written test on  (Date)
  - Your marks for the test will be based on the average of marks awarded for your other coursework.
  - You are required to take a viva voce examination on  (Date)
  - The percentage of marks allocated to the test will be reallocated to the examination.  
Your final grade will therefore be based on: Examination  Coursework

Signature:  Date:

**SECTION I: NOTIFICATION TO STUDENT: To be completed by Department**

**Please advise the student of your decision regarding this application by forwarding a copy of this page within 21 days of the test. It is NOT necessary to photocopy the reverse side of this page.**

*Note: A photocopy of this page can be folded so that the student's address in Section G will show through a window envelope for mailing.*