



# Faculty of Engineering

## APPLICATION FOR EXEMPTION FROM ON-COURSE ASSESSMENT IN ENGINEERING

(Where medical or other special circumstances are involved)

### Decision by the Associate Dean Undergraduate, Faculty of Engineering

#### Eligibility to Apply

1. You must be an internal student.
2. This application does not apply to Written Tests. For these the University form AS-46 must be used.
3. Before submitting this form to the Faculty of Engineering Student Centre, Level 4, 20 Symonds St, you must first approach the Course Coordinator for a decision.
4. The assessment must count for a percentage of the marks **awarded in the final grade**;
5. You must have been prevented from presenting the assessment or consider that your performance in preparing the assessment was seriously impaired because of illness, injury, other misfortune due to circumstances beyond your control, or exceptional circumstances.
6. You must have attempted the assessment if at all possible.
7. You must make the application and submit this to the Faculty of Engineering Student Centre, Level 4, 20 Symonds St within seven days of the due date of the assessment affected.

#### Medical or Other Evidence

1. The medical or other evidence submitted must be sufficient to make it clear that you were either **unable to submit the assessment or your performance was seriously affected** at the actual time of the assessment.
2. **Where illness or injury is concerned**, Section B must be completed by a Student Welfare Agency and must cover the day the assessment is due.
3. **Where the circumstances are other than illness or injury**, you must complete Section C Step 1 by giving details of the situation and have this statement certified in Section C Step 2 by an independent person e.g. a witness to the event (not normally a family member), Medical Practitioner, Minister of Religion, Counsellor, Justice of the Peace, Solicitor.

Information Provided in Section C will be released to the respective Course Co-ordinator and the Associate Dean Undergraduate, Faculty of Engineering, who will keep the information confidential and use it only for the purpose of this application.

**Section B (if used as evidence) must be completed by the University of Auckland Student Welfare Agent before submitting the application to: The Faculty of Engineering Student Centre, Level 4, 20 Symonds St, Auckland.**

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

#### Decision by the Associate Dean Undergraduate, Faculty of Engineering

The Associate Dean Undergraduate, Faculty of Engineering will notify you of the decision on your application by completing **Section E** and forwarding a copy to you. For this purpose, you must enter your name and address in **Section D**.

#### Instruction to Course Coordinator

Could you please make a recommendation in **Section E**, then sign and return to the Faculty of Engineering Student Centre. Any notes relating to the recommendation can be attached to this document.

**SECTION A: Personal Details – To be completed by student**

Surname:

ID Number:

Forenames:

Title (Mr/Mrs/Miss/Ms):

I authorise the university to release the information contained in this form, except for medical evidence, to the Associate Dean Undergraduate, Faculty of Engineering who assesses this application, on the condition that is used for the purpose of this application only.

The medical evidence will be submitted only to a University of Auckland Student Welfare Agent. Should the Associate Dean Undergraduate, Faculty of Engineering need further information or clarification then I authorise him/her to seek the necessary information directly from the persons who have supplied the information in support of this application.

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:

**SECTION B: Evidence – To be completed by a University of Auckland Student Welfare Agent.**

I ..... (Name) hereby certify that I examined

on the

*Patients Name*

*Date*

After considering the information provided by the student's medical practitioner, I consider that the medical evidence is: *tick appropriate box*

Sufficient to prevent this student from presenting the assessment through illness or injury

Sufficient to impair the student's performance in the assessment to a: Mild degree

Moderate degree

Serious degree

**Not** sufficient to prevent the student from presenting the assessment

**Not** sufficient to support significant impairment when preparing the assessment

Name and Surgery Stamp:

Address:

Signature:

Phone:

Date:

**SECTION C:           Circumstances other than illness, injury or other circumstances.**

**Step 1 STATEMENT OF CIRCUMSTANCES** - to be completed by student

Give a detailed statement as to the nature of the circumstances which have affected your ability to present the assessment. Take care to give full details of the date and/or time period when the events occurred. Also provide the date that you were advised of the assessment, and the date it was due.

*(Attach a separate sheet if necessary.)*

**Step 2 CERTIFICATION OF EVENTS** – to be completed by an independent person (e.g. 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 Section C, Step 1 above by   
*Applicant's Name*

are correct and that I believe the circumstances to be beyond the applicant's control.

*Signature* *Date*

**SECTION D Name and Address (for mailing) – To be completed by student**

**Step 1**

<i>Title</i>	<i>Forename/s</i>	<i>Surname</i>
Name: .....		
Address: .....		
.....		
.....		

ID Number:

Telephone:

**Step 2 Assessment Details**

Note: A separate form must be completed for each assessment:

Date of Assessment	Paper Number	Subject	Your Department

- Step 3 Tick (a) or (b)
- (a) I was unable to present the assessment
- (b) My performance in the assessment was seriously impaired

**SECTION E Decision – To be completed by the Associate Dean Undergraduate, Faculty of Engineering.**

Refer to the reverse of this page for the Certification of Events or the details of the circumstances other than illness or injury under which the student is applying for consideration.

The student will be advised of the decision regarding this application by forwarding a copy of this page within 21 days of receipt.

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

**(a) DECLINED due to insufficient grounds**

Reasons

**(b) APPROVED**

Tick the appropriate box

- Your total marks without this component, will be pro-rated up to 100%
- Your grade for the assessment remains unchanged
- Your examination will be marked at 100%
- Your final grade will be based on: Final  % Other work  %
- You are required to take a *viva voce* examination on  (Date)
- You are required to submit another assessment on  (Date)
- Other (*give details*):

Signature:

Date:

*Course Coordinator*

Signature:

Date:

*Associate Dean Undergraduate, Faculty of Engineering*