## **EXAMINATION ADJUSTMENTS**

## **APPLICATION**



In the case of exceptional situations or serious circumstances which are beyond a student's control and are unavoidable, students may be eligible for adjustments to exam conditions, as outlined below. Exceptional situations may include illness, injury and misadventure. There are three (3) reasons you may request an examination adjustment.

- 1. A request to **RESCHEDULE an examination** is for use when you cannot attend an examination at the scheduled time and or date as set in the examination timetable. This application must be made at least 10 working days prior to the commencement of the exam period, unless there are immediate, short-term, extenuating circumstances.
- 2. A request for **SPECIAL PROVISIONS for ACUTE CIRCUMSTANCES** is for use when you have an acute, short-term injury or illness which may impact your performance in an examination that you intend to sit at the scheduled time. This application must be made before the examination is held, and as soon as practicable, normally within 24 hours of the onset of the acute circumstances, unless there are immediate, short-term, extenuating circumstances. If the health condition or disability is chronic, that is long-term, you should *not* complete this form, but instead should contact the Equity Officer.
- 3. A request for **SPECIAL CONSIDERATION** is for use when during an examination you feel that circumstances outside of your control occurred that could have impacted your performance. This application is to be made after the examination is held.

Students should note that acceptable reasons for approval of these applications are limited. Refer to <u>Student Guidelines for Examination Reschedule, Special Provisions and Special Consideration</u> and the <u>Examination Procedure</u>, Sections 15, 16 and 17.

SUBMIT this form with the <u>supporting documentation</u> (e.g. Professional Practitioner Certificate) by email to <u>exams@avondale.edu.au</u> from your student email account.

By submitting this form from your student email account, you are confirming that all the details are correct.

## PERSONAL DETAILS

Application type (	(tick one only):	□Reschedule	□Special Prov	isions for Acute Cir	rcumstances $\Box$ S	pecial Consideration
itle:	Surname:			Given Name(s):		
Studen	nt ID Number:			Phone:		
	Course:					
ist examination(	(s) and name(s) of	Unit Coordinator(s)/Le	ecturers:			
Init Code:	Unit Title:				Unit coordinator/Lect	urer: Exam Date:
st reason for the	application:					
erifiable, approp	riate documentation	n from a relevant profe	ssional must be inc	luded with this appli	cation. Refer to <u>Student</u>	Guidelines for Examination
<u> 2schedule, Specia</u>	al Provisions and Sp	<u>vecial Consideration,</u> fo	r examples of appro	opriate documentation	on. List documentation a	rtached:
OFFICE USE (	ONI Y					
					Date:	
Notes:						
Adjustments:						