

Deferred Assessment

Please read instructions on the reverse of this page thoroughly before completion of this form



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Student ID Number

Top copy - Student, Second copy - Centre/Department, Third copy - Student Records Office

Student Details

Last Name	<div></div>	Date of Birth	<div></div>
First Name	<div></div>	Mobile Number	<div></div>

Program Details

Program Code	<div></div>	Program Title	<div></div>
Subject Code	<div></div>	CRN	<div></div>
Subject Title	<div></div>	Term	<div></div>
Teacher Name	<div></div>	Assessment Task	<div></div>
Due Date	<div></div>		

Statement of grounds for application: (To be completed by Student and must be supported by documentary evidence)

Declaration (to be completed by Student)

I wish to apply for Deferred Assessment on the grounds that I was/will be unable to attend the exam/complete the assessment task by the due date because of:

☐ Illness (medical certificate required).

☐ Significant personal hardship, death involving immediate family, car accident, court appearance (evidence required).

☐ Religious reasons (statement from religious leader required).

Name of Student	Signature	Date
<div></div>	<div></div>	<div></div>

Eligibility to apply (to be completed by Teacher/Assessor or Student Counsellor if confidential)

Eligible to apply for deferred assessment based on:	OR the student is ineligible to apply for deferred assessment because:
<input type="checkbox"/> Illness	<input type="checkbox"/> The application on the basis of illness/significant personal hardship was not been received within five (5) days of the date of the assessment task.
<input type="checkbox"/> Significant personal hardship	<input type="checkbox"/> The application on the basis of religious reasons or attendance at court was not received within at least seven (7) days prior to the date of the assessment task.
<input type="checkbox"/> Religious reasons	<input type="checkbox"/> The stated medical condition/significant personal hardship has not been substantiated.
<input type="checkbox"/> 5 day eligibility waived by Student Counsellor	

Name of Teacher/Assessor/Student Counsellor	Signature	Date
<div></div>	<div></div>	<div></div>

Recommendation (to be completed by Teacher/Assessor)

The student's assessment result to date is <div></div> (eg: 20/40)	OR the application has been rejected because the student:
AND the student is required to:	<input type="checkbox"/> Has not attended a satisfactory number of classes (80% attendance required).
<input type="checkbox"/> Complete an alternate task on/by: <div></div> (date)	<input type="checkbox"/> Has not attained a satisfactory level of performance in the competency/module due to:
<input type="checkbox"/> Attend the next final examination in this module: <div></div> (date)	(Give reason in clear, concise comments please)
<input type="checkbox"/> Comply with the arrangements as follows: <div></div> (date)	

Authorising Teacher/Assessor (Final Assessment only to be sent to SRO)	Signature	Date
<div></div>	<div></div>	<div></div>
Authorising Head of Department	Signature	Date
<div></div>	<div></div>	<div></div>
SRO (Amendment Recorded)	Signature	Date
<div></div>	<div></div>	<div></div>

☐ **6. Top copy is collected by the Student from the Centre/Department Administration Office. Second copy, with documentation, is retained by the Centre/Department. Third copy is forwarded to the Student Records Office.**