FORM: University of New England Phone: 02 6773 3333



Joint Medical Program (JMP)

APPLICATION FOR ADVERSE AND SPECIAL CIRCUMSTANCES (Major Assessment Items Only)

You must read the Adverse and Special Circumstances Affecting Assessment Procedure within the Joint Medical Program Manual: https://policies.une.edu.au/document/view-current.php?id=471&version=1#section10

before completing this application.

Where circumstances affect a JMP student's performance in a major summative assessment item, students may apply for either:

- i) a rescheduled examination (apply up to ten (10) calendar days before the examination/assessment item date) or
- ii) an extension of time to submit (apply up to the day the assessment item is due DOES NOT APPLY to examinations) or
- iii) a supplementary assessment where the original assessment item was not attended/completed due to the adverse or special circumstances (apply within three (3) calendar days of the due date of the assessment) or
- iv) Special consideration (apply within three (3) calendar days of the date of any assessment affected). If more than one assessment is affected under this category, students should apply once for each assessment item affected and within three (3) calendar days of each due date).

This form must be accompanied by supporting documentation. Provide original documents or certified copies of original documents, scanned through to AskUNE. The application is not completed until all documentation is submitted. It is required that you keep a photocopy of your completed application.

Students requesting special consideration in a minor assessment item do not complete this form. Application for a minor assessment is to be made in writing (via email) to the Course/Unit Coordinator(s).

A. Student Details (please print in CAPITAL LETTERS)	
Last Name:	
First Name:	
Address:	Death Codes
Email:	
B. This is an application for:	
An extension of time for submission/presentation of a summative a	ssessment item. If so, please state:
i. How long an extension of time you require:	
ii. The new date you propose submitting the task:OR	
Special Consideration for a summative assessment item based on:	
Health grounds Compassionate grounds Har	dship or trauma Unavoidable commitment
OR	

	camination for a summat	cive assessment item ba compassionate grounds	_	or trauma	□ Una	avoidable comn	nitment	
	a detailed reason for you	_	riarasinp	or tradina		avoluable comm	Terre Terre	
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	it certified documents to	,			41 6 14		-k- ::- d	
	ng on medical, including I or dental practitioner o						sterea	
ii. the sev	te on which the practition verity of the condition; ar ely period of impact on th	nd	ent; and					
Refer to clause	145-146 of the procedur tutory declaration on its	e for more information				is required.		
C. Unit:								
If applying for a	rescheduled examinatio n extension of time or sp duled Examination		mplete Table 2.					
Unit Code	Jnit Code Unit Name		date S	Suggested Reschedule		Course/Unit Coordinator(s)		
	on of Time or Special Co	Nature of			Course/Uni	t		
Unit Code	Unit Name	Assessment	Scheduled	Scheduled due date		Coordinator(s)		
igned and dated	l by student:			Date:				
Due date for lo	dgement			tralvic A-L	ع علد براه LINE ار	iollowing data-		
	must be lodged with sup xtension of time for a m	_				_		

For **special consideration** for a major assessment item or examination – Within three (3) calendar days of the date of any assessment affected

For a **supplementary examination** – Within three (3) calendar days of the due date of the assessment.

For a **rescheduled examination** of a major assessment item – Up to ten (10) calendar days before the examination/assessment item date.

Office Use Only

Extension of Time						
Granted Yes No New submission date:						
Course/Unit Coordinator name (please print):						
Course/Unit Coordinator signature:	Date:					
Year Manager signature:	Date:					
Major assessment items only – 2 copies to student Yes No						
Special Consideration / Supplementary Examination (as determined by Year Assessment Decision Committee)						
Recommendation (tick appropriate box)						
not accepted – timing or inadequate documentation result to remain unchanged						
supplementary or replacement assessment item						
Chair – Year Assessment Decision Committee (please print):						
Signature:	Date:					
Course/Unit Coordinator (please print):						
Signature:	Date:					
Year Manager signature:	Date:					
Rescheduled Examination						
Recommendation (tick appropriate box):						
approved (School retain copy, send to Examinations)						
supplementary or replacement examination paper						
not accepted (School retain copy and notify student)						
Course/Unit Coordinator(s)						
Course/Unit Coordinator (please print):						
Signature:	Date:					
Program Convenor (please print):						
Signature:						
Year Managers: If you require the Examinations Office to conduct the examination, please contact						
Please note that the Examinations Office will only conduct this examination if the proposed date is examination period.						