ACADEMIC INFORMATION FOR AEGROTAT APPLICATION

Please return this form to the relevant Faculty Student and Academic Services Office as soon as possible after assessment of the course has been completed. It will then be forwarded to the Convenor of the Academic Committee and a decision will be returned to the Faculty to communicate to the student.

This form provides academic information which is used with health information to assess aegrotat applications.

In the interests of processing applications as quickly as possible, please complete and return this form promptly to the Faculty Student and Academic Services Office contact person below.

Return to: ____________________________ by (date): ____________________________

☐ Urgent—this course is a prerequisite for another course in the next trimester so please complete this form urgently.

Head of School: ____________________________ Date: ____________________________

Student Name: ____________________________ Student ID: ____________________________

Qualification: ____________________________ Course Code: ____________________________

An aegrotat application has been received from the above student under the aegrotat pass provisions outlined in Section 4 of the Assessment Statute.

A registered Health Professional (medical practitioner, midwife, dental surgeon, psychologist or counsellor) has provided evidence to support the circumstances marked in the panels below.

1—EXAMINATION

Did not sit/submit ☐ Impaired preparation or performance ☐

Examination date: ____________________________

2—TEST

Did not sit/submit ☐ Impaired preparation or performance ☐

Test date: ____________________________

3—OTHER ITEM OF ASSESSMENT

Did not sit/submit ☐ Impaired preparation or performance ☐

Type of assessment: ____________________________

Due date: ____________________________

4—IMPAIRED PREPARATION OR PERFORMANCE

The level of impairment for preparation time or performance for this item has been assessed by the Health Professional as:

<table>
<thead>
<tr>
<th>Preparation time</th>
<th>Performance</th>
<th>Attendance/Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Mild</td>
<td>☐ Mild</td>
<td>☐ Able to attend or complete</td>
</tr>
<tr>
<td>☐ Moderate</td>
<td>☐ Moderate</td>
<td>☐ Unable to attend or complete</td>
</tr>
<tr>
<td>☐ Serious</td>
<td>☐ Serious</td>
<td></td>
</tr>
</tbody>
</table>
SECTION ONE—TO BE COMPLETED BY THE SCHOOL

Is the examination or piece of assessment to which this application relates worth 30% or less of the total assessment for this course?

☐ NO (please ignore the remainder of Section One and complete Section Two: Academic Profile).

☐ YES (please complete either Option A or Option B).

Where the application relates to no more than 30% of the total assessment of the course, the Head of School, in consultation with the course coordinator, has discretion to assign the applicant a passing grade for the course, based on the completed assessments. Please complete either Option A or Option B.

OPTION A

In consultation with the course coordinator, I have exercised discretion and determined the applicant’s final grade for this course.

<table>
<thead>
<tr>
<th>Percentage of assessment completed:</th>
<th>(Note: this must be 70% or more.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mark obtained for completed work:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The applicant’s final grade is now:</th>
</tr>
</thead>
</table>

________________________________________________________________________
Signed

Head of School

Note: the new final grade must be a passing grade. In all other cases, please complete Section Two: Academic Profile.

OPTION B

I decline to exercise discretion in this case.

________________________________________________________________________
Signed

Head of School

Please complete Section Two: Academic Profile.
SECTION TWO: ACADEMIC PROFILE—TO BE COMPLETED BY THE SCHOOL

The Convener of the Academic Committee considers applications on the basis of the profile and the supporting evidence. Incomplete applications will be returned for further information.

The purpose of the academic profile is to obtain an objective breakdown of the applicant’s marks and performance in the course. Based upon this information, the indicated extent of the applicant’s impairment of performance or preparation, and the performance of a cohort of students to whom the applicant is comparable, an opinion on whether the applicant is clearly worthy of a pass must be provided.

Please complete ALL questions and please provide any additional information which may have a bearing on the decision. If scaling has been applied to any mark for individual items of assessment or for the overall course mark, please state all marks as they were after the scaling.

<table>
<thead>
<tr>
<th>Due date of the assessment item</th>
<th>Type of assessment (examination, test, essay, project, etc)</th>
<th>Weighting of this item in the overall assessment (a)</th>
<th>Actual mark awarded for this item (b)</th>
<th>Contribution of awarded mark to final course mark (axb)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 10 June 2013 Essay 30% 32/50 19.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Items of assessment.
List all items that contribute to the final grade.

2. Course mark and grade
Record final grade assigned to candidate and enter the course mark (the sum of the percentages in the right hand column above).

3. Other marks
List any other items of course work which were assessed but not included in the final result, and the marks obtained for these items.

4. Mandatory course requirements. Has the candidate completed the mandatory course requirements? Note any not completed.

5—COMPARABLE COHORT
This is essential information in considering the aegrotat. Please attach a printed extract from a spreadsheet/database which details the full assessment information for the course. The spreadsheet must be sorted by the marks obtained on the sum of all non-aegrotat items of assessment and show a minimum of 10 students either side of the applicant. Where the course has 25 students or fewer, the whole class should be covered. Please indicate which entries are considered to be most comparable to the applicant.
6—COURSE COORDINATOR’S COMMENTS

Please comment if some items of assessment are regarded as better predictors of overall course mark than others.

Please comment on any noteworthy aspects of the item of assessment that was failed or difficulties in finding a comparable cohort for the applicant.

Also comment on any additional factor(s) regarding the applicant’s situation which should be taken into account by the Convener of the Academic Committee.

7—MATTERS TO CONSIDER WHEN MAKING A RECOMMENDATION

7.1 For applications based on absence from an examination/non submission of assessment items, matters to consider would include (i) the amount of assessment that has been completed in relation to the teaching objectives of the course, (ii) the performance of the cohort (for example, a greater than 75% pass rate by that group would be a positive indicator), (iii) evidence (for example, from lecture/tutorial/laboratory class attendance, assignment work) that the applicant has been actively participating in the course, and (iv) the work of the applicant in related courses undertaken at the same time or earlier.

7.2 For applications based on impaired performance, matters to consider would include (i) the amount of assessment that has been completed in relation to the teaching objectives of the course, (ii) the difference between the mark achieved and that which would have been needed to pass, (iii) the performance of the cohort, and (iv) the work of the applicant in other related courses undertaken at the same time or earlier.

8—RECOMMENDATION

Taking into account the work of the applicant in the course, the extent of their impairment at or before the time to which the aegrotat applies, in my opinion the applicant:

☐ is CLEARLY worthy of a pass
☐ MAY have passed
☐ is CLEARLY NOT worthy of a pass

☐ I recommend that a pass be awarded ☐ I do not recommend that a pass be awarded.

COURSE COORDINATOR

Name (please print) Phone

_________________________ ____________________
Signature                     Date

HEAD OF SCHOOL

Name (please print) Phone

_________________________ ____________________
Signature                     Date
Any further comment on the recommendation:


CONVENER OF THE ACADEMIC COMMITTEE

☐ Approved
☐ Declined

☐ insufficient evidence of impairment to justify missed assessment or low performance
☐ insufficient evidence of proficiency in the subject from the assessment items that were completed

Comment:


______________________________  __________________
Signature                      Date