

HEALTH INFORMATION FOR AEGROTAT APPLICATION

[1] STUDENT DETAILS

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| Name: | Student ID number: |
| Email: | Mobile phone number: |
| Faculty: | Qualification(s) you are seeking: |

[2] COURSES FOR WHICH YOU ARE MAKING AN AEGROTAT APPLICATION:

If the item of assessment is not an examination you must seek faculty advice regarding an extension or other alternative options.

Have you done this? Yes No Not applicable

A. EXAMINATIONS OR ITEMS OF ASSESSMENT FOR WHICH SIGNIFICANTLY IMPAIRED *PREPARATION* IS CLAIMED

| Course Code | Exam or Item of Assessment | Date due | Time | Clinician Use Only | Clinician ID |
|-------------|----------------------------|----------|------|-----------------------|--------------|
| | Exam/Item of Assessment | | | Mild/Moderate/Serious | |
| | Exam/Item of Assessment | | | Mild/Moderate/Serious | |
| | Exam/Item of Assessment | | | Mild/Moderate/Serious | |

B. EXAMINATIONS OR ITEMS OF ASSESSMENT FOR WHICH SIGNIFICANTLY IMPAIRED *PERFORMANCE* IS CLAIMED

| Course Code | Exam or Item of Assessment | Date due | Time | Clinician Use Only | Clinician ID |
|-------------|----------------------------|----------|------|-----------------------|--------------|
| | Exam/Item of Assessment | | | Mild/Moderate/Serious | |
| | Exam/Item of Assessment | | | Mild/Moderate/Serious | |
| | Exam/Item of Assessment | | | Mild/Moderate/Serious | |

C. EXAMINATIONS OR ITEMS OF ASSESSMENT YOU WERE *UNABLE TO ATTEND OR COMPLETE*

| Course Code | Exam or Item of Assessment | Date due | Time | Clinician Use Only | Clinician ID |
|-------------|----------------------------|----------|------|--------------------|--------------|
| | Exam/Item of Assessment | | | Able/Unable | |
| | Exam/Item of Assessment | | | Able/Unable | |
| | Exam/Item of Assessment | | | Able/Unable | |

[3] REASON(S) YOU ARE APPLYING FOR AN AEGROTAT: (TICK RELEVANT BOX AND DESCRIBE BELOW)

- Serious illness or injury Critical personal circumstance involving wellbeing of family
 Personal bereavement Other exceptional circumstance beyond your control which occurred in the last three weeks of the course

Supporting evidence may be required.

Describe your situation in general terms: [confidential personal details are NOT required here]

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Dates/period of time your course work/preparation/performance or assessment has been affected:

Have you made a previous aegrotat application in respect of the situation outlined above: Yes No

[4] DECLARATION AND INFORMATION CONSENT

The information which I have provided is correct and complete to the best of my knowledge. I give consent for my health professional to disclose health information, relevant to my aegrotat application, to relevant officers of the University for the purposes of processing or considering my application. I understand that this disclosure is limited to health information related to my aegrotat application.

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Signature of student

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Date of application*

*Applications shall be made within SEVEN days of the relevant examination or submission date. In exceptional circumstances, the Convener of the Academic Committee may accept late applications if supported by a health professional seen at the relevant time.

Victoria University of Wellington Assessment Statute: 4.5 Aegrotat Pass

- (a) An aegrotat pass may be considered for a student who has completed sufficient assessment relative to the objectives of a course for the relevant Head of School (or Deputy Dean) to be able to make a recommendation under section 4.5(c), provided that the student's performance has been affected by the following circumstances:
 - (i) illness or injury;
 - (ii) personal bereavement;
 - (iii) some other critical personal circumstance involving the health or well-being of a relative or close friend; or
 - (iv) some exceptional circumstance beyond his/her control.
- (b) Aegrotat applications may be submitted for examinations, or for other assessment items which are due at most three weeks before the day on which lectures cease for the last trimester of the course, and for which no alternative item of assessment could reasonably be substituted or extension of time granted. They will be considered under these categories:
 - (i) impaired preparation time in the three weeks immediately prior to the examination or due date of the assessment item;
 - (ii) impaired performance in the examination or other assessment item;
 - (iii) inability to attend the examination or complete the assessment item.

In my opinion there is evidence that the situation as described by the applicant is:

Acute / Short-term circumstance Chronic/On-going circumstance A recurring aegrotat application

A. Where the applicant claims significant impairment of PREPARATION in the eligible three weeks prior

Based on the information I have available, I confirm there is evidence of impairment as indicated by the clinician overleaf:

Yes No* Not applicable Insufficient information—see comment below*

B. Where the applicant claims significant impairment of PERFORMANCE on the date(s) of examination or assessment

Based on the information I have available, I confirm there is evidence of impairment as indicated by the clinician overleaf:

Yes No* Not applicable Insufficient information—see comment below*

C. Where applicant DID NOT ATTEND an examination or SUBMIT a required assessment

Based on the information I have available to me I confirm there is evidence, as indicated by the clinician overleaf, that the applicant was physically or mentally incapable of attempting the examination or completing the required assessment:

Yes No* Not applicable Insufficient information—see comment below*

If the applicant could reasonably have attempted the examination or assessment, or made alternative arrangements, or used alternative facilities then please provide sufficient comment below:

***Please provide sufficient relevant comment below (attach further information if necessary).**

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You should be prepared to discuss your opinion on request from an appropriate University authority or referee.

[6] HEALTH PROFESSIONAL DETAILS

| | |
|--------|-------------|
| Name: | Phone: |
| Email: | Role/Title: |

Signature

Date

Certifier's Stamp

Please forward to:

Faculty Student & Academic Services Office

[Name of Faculty]

Victoria University of Wellington

PO Box 600

Wellington 6140