

# Application for Deferment of Final Exam

For extensions of all other assessment items, please apply to your Unit Coordinator directly.

Semester/Trimester: \_\_\_\_\_ 20 \_\_\_\_\_

Student No: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Unit Code	Unit Title	Exam(s) Type	Exam date

PLEASE NOTE: Approved Deferred Exams **cannot** be deferred or extended

## Application because of illness

**MEDICAL CERTIFICATE: To be completed by a Medical Practitioner or other approved health professional registered only**

(MBA, PBA or other relevant professional board or authority: Please apply the guidelines of your registration body. Medical statements or certificates from pharmacists are not accepted. If you have any queries regarding completing this form please contact the Exams Office on +61(0) 8 9360 2544.)

Consultation Date(s) \_\_\_\_\_

Please indicate the level of impact on the student's ability to complete the exams listed above.

**High impact** - The impact of the condition is high. The student cannot sit the exam(s). I certify that this patient is unfit for studies from DD/MM/YYYY to DD/MM/YYYY

Comments on patient's condition. (Please print clearly)

\_\_\_\_\_

\_\_\_\_\_

**OR**

**Low/No impact/Unable to assess** -The impact of the condition is low or cannot be determined. The student's ability to sit the exam(s) will not be affected.

I certify that this patient is unwell from DD/MM/YYYY to DD/MM/YYYY

Name of Practitioner: \_\_\_\_\_

Signature of Practitioner: \_\_\_\_\_

Contact number: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner's Stamp

  
  
  

Application not valid without a valid practitioner stamp

Please provide details of the circumstances that prevent you from sitting the exam(s). Documentary evidence supporting your application **must** be attached. (*Please print clearly*)

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### Notes for applicant

1. You must complete the application form and attach independent supporting documentation where applicable.
2. All request for deferred assessment must be submitted no later than three University business days after the examination.
3. Application for Deferment of Final Exam can only be requested for the grounds listed under Point 6 of the Student Assessment Support Procedure <https://murdoch.navexone.com/content/dotNet/documents/?docid=3281&app=pt&source=browse>
4. You will be advised of the outcome of this application by email to the address on MyInfo. This might not always be before the date of the exam.
5. Submit this application plus any relevant supporting documentation(s) to:
  - [deferred@murdoch.edu.au](mailto:deferred@murdoch.edu.au) or
  - fax to +61 (0) 8 9360 7571
6. Application for extension for all other assessments must be sent to the Unit Coordinator directly.
7. Deferred exams cannot be deferred. If you are unable to undertake a deferred Examination at the scheduled time your Unit Coordinator will finalise your final grade.
8. The University will check the authenticity of all supporting document(s) submitted and may seek clarification from the provider if necessary. We do **not** discuss your medical condition(s) with the provider.
9. Any false or misleading information provided in support of this application will be reported and actioned as necessary under the Student Integrity Regulations.

If you have any queries regarding completing this form please do not hesitate to contact the Exams Office on +61 (0) 8 9360 2544 or email [deferred@murdoch.edu.au](mailto:deferred@murdoch.edu.au).

### Applicant declaration

- ✓ I hereby apply for Deferred Assessment in accordance with the Student Assessment Support Procedure.
- ✓ I authorise the University to discuss the supporting documents with the provider if necessary.
- ✓ I declare that the information in this application is true and correct to the best of my knowledge and understand that if any false or misleading information is provided in support of this application it will be reported and actioned as necessary under the Student Integrity Regulations.

Signature \_\_\_\_\_

Date DD/MM/YYYY