

APPLICATION FOR DEFERRED EXAMINATIONS IN TERMS OF G13.6

A deferred examination is not granted automatically. The Dean of the Faculty will consider the evidence in support of a candidate's application and any other relevant factors, which may include the history of any previous application and the candidate's academic record, before a decision is made on whether or not the candidate will be permitted to present himself/herself for a deferred examination.

❖ **For illness or other valid reason (e.g. bereavement) at time of examination:** This form must be returned to the Faculty Office within **three days** of the examination missed. Only in exceptional circumstances will applications received after that time be considered.

❖ **For illness or other reason prior to an examination session:** This form may be submitted to the Faculty Office at any time during the year prior to the particular examination session (i.e. June or November).

Please note:

- i) A deferred examination, if granted, may be held any time after the examination missed and the end of term or, for the June examinations, within one week of the second term, and may take the form of an oral examination;
- ii) You may be required to defer or to repeat (as the case may be) **all** your examinations (or all the examinations that you have not failed) in the examination session in respect of which your application is lodged;
- iii) A medical certificate does not guarantee the granting of a deferred examination;
- iv) Illness during an examination will only be considered as a valid reason if the student shows that s/he went **directly** from the examination venue to Campus Health to report the illness unless s/he can show that s/he was unable to do so and consulted his or her own private practitioner.

1. Full name Student no

Address *(in full)*

Tel no Programme Year of Study *(i.e. 1)*

2. I wish to apply for a deferment of examination in the following course/s:

Course Code	Name of Course and block/ rotation (GEMP only)	Date of examination

3. Have you previously applied for a deferred examination? Yes No

If this was granted, did you write the examination? Yes No

If you did not write the deferred examination, please give reasons: _____

4. Declaration

I hereby acknowledge that the information supplied herein is true and that I have read and understood the rules regarding deferred examinations.

I furthermore understand that if any of the information is found to be incorrect, it could seriously jeopardise my chances of being granted a deferment and could lead to disciplinary action.

I am aware of the contents of the medical certificate, I consent to its disclosure to those who need the information contained in it to assess my application for a deferred examination, and I give permission to the University to contact the medical practitioner who has issued this to clarify or amplify any points in this report.

Signature _____ Date _____

The medical certificate on the reverse side of this form must be fully completed by a medical practitioner. If the reason for deferment is not medical, please attach a letter explaining your reasons for requesting the deferred examination, together with evidence in support of your application.

MEDICAL CERTIFICATE

Any alteration must be signed by the medical practitioner

A deferred examination is not granted automatically by the University. Fair and objective medical evidence is essential to assist in evaluating this application (see overleaf). Thank you for your cooperation.

I certify that I attended to *(full names)* _____
 On *(please give precise dates)*

1. Details of current illness

Date of onset Expected duration

In your professional opinion, was the student unfit to write the examination for which the deferment is applied for?
 Yes No

Symptoms _____

Objective evidence _____

Diagnosis _____

Medication prescribed _____

Referral to specialist (name/s; tel no/s; date/s) _____

Doctor's remarks _____

2. Past history of current illness

Original date of onset _____

Previous medication prescribed _____

3. Recommendation on fitness to write examinations: In my opinion the above student (please tick appropriate box)

- was unfit on account of illness - was unfit on account of acute anxiety state

(remarks, i.e. please state why the student cannot write) _____

- was medically fit (remarks) _____

to take part in the examination/s on _____ (dates)

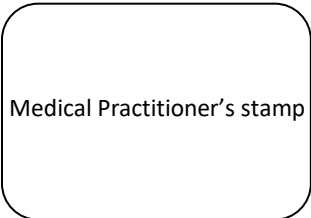
4. Medical practitioner's particulars

Name/ designation: _____ Tel.: _____

Address: _____

The above-named student has been a patient of mine for months years

Signature _____ Date _____



DEPARTMENT APPROVAL FOR DEFERRED EXAMINATION/S

I certify that I give / do not give permission to (full names) _____
_____ for deferring his / her examination.

Reason for approval or decline:

Plans for remediation:

Details of deferred examination:

Type of examination (i.e. Written / Practical): _____

Date: _____

Time: _____

Full Name: _____

Signature: _____

Date: _____

Department Stamp

FACULTY APPROVAL FOR DEFERRED EXAMINATION/S

APPROVED

NOT APPROVED

Reason for decline: _____

Full Name: _____

Signature: _____

Date: _____