

**Application for Aegrotat Assessment**

**In Term Assessment**

**Non-Medical**

* Use this form only when applying for aegrotat assessment in tests, essays, projects and assignments.
* **Do not** use this form for aegrotat assessment in **final examinations**. There is a different form for aegrotats in formal examinations.
* Use this form only if your application is based on critical circumstances, bereavement and other non-medical grounds.
* **If your application relates to more than one course, you need to fill in a separate form for each course.**
* Complete Part One of this form, sign the declaration and have Part Two completed by Counsellor or other professional helper.
* **Hand the form to the Department Secretary who will ensure the examiner receives it.**

**PRIVACY**

The information requested in this application form is required for the assessment of your aegrotat application. This information will be disclosed only to the examiners of the subjects concerned and in the event of an appeal to University managers.

If the circumstances on which this application is based are sensitive, enclose the evidence in a sealed envelope marked CONFIDENTIAL and attach it to this form. In that case, you should take the form and the evidence to the examinations office, rather than to the division.

**PART ONE: PERSONAL AND COURSE DETAILS**

# *To be completed by the applicant and handed to the Department Secretary:*

### Applicant Details:

Name: Student Number:

Address: (Please supply your current postal address)

 Email: Phone: Cell:

### Course Details:

Course Code and Name:

Degree/Diploma you are taking:

Name of examiner of this course:

Faculty (e.g. ESD, Commerce, AGLS):

### Details of work missed or taken under impaired conditions:

#### Tests missed:

Test Topic: Test Date:

**Test taken under impaired conditions:**

Test Topic: Test Date:

***Project/assignment/report not completed by the due date on account of the circumstances:***

Description of project/assignment/report:

Due Date:

**Project/assignment/report completed under impaired conditions:**

Description of project/assignment/report:

Due Date:

### Describe how your impairment affected your preparation for/completion of your project/assignment/report/test.

(continue on separate sheet if necessary)

### Declaration:

I declare that the information supplied by me on this form is complete and true in every respect.

I authorise my counsellor, medical professional, dental practitioner or other professional helper to divulge to Lincoln University any other information relevant to this application.

Signature Date

##### PART TWO: EVIDENCE OF CRITICAL CIRCUMSTANCES

To the applicant:

* Please supply the details of the critical circumstances, bereavement or other circumstances on which this application is based. The form may be completed by a professional or independent person who is in a position to comment on the circumstances faced by the applicant. Documentary evidence of the circumstances should be attached. If the circumstances are of a sensitive nature, you may detach this part of the form and enclose it in a sealed envelope, marked CONFIDENTIAL. In that case, take the application form to the examinations office rather than to the examiners.

###### To be completed by the counsellor or other professional helper

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

Address:

Phone: ­­­­­­­­­­­­­­­­­­

Email:

The information contained in this application is confidential to the University and its agents. The University reserves the right to question the applicant or any person named on this form further on the details supplied above.

##### PART THREE: EXAMINER’S RECOMMENDATION

* Complete the form below. Return to the Departmental Secretary who will take a copy and send the original to the student at the address shown on this application.

#### Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Complete one option and sign

###### Tests

❑ Mark adjusted to out of

❑ No change to existing mark of out of

❑ An aegrotat assessment will be made but not until (date) \_\_\_\_\_\_\_\_\_\_ in order to enable me to take into account the applicant’s performance in further tests and/or assignments

❑ No aegrotat assessment will be made as the circumstances do not warrant aegrotat assessment

###### Assignments/Projects/Reports etc

❑ Mark adjusted to out of

❑ No change to existing mark of out of

❑ An aegrotat assessment will be made but not until (date) \_\_\_\_\_\_\_\_\_\_ in order to enable me to take into account the applicant’s performance in further tests and/or assignments

❑ Late submission without penalty granted

Due Date

❑ Late submission granted. Penalty of mark out of the possible mark of will be applied

Due Date

❑ No aegrotat assessment will be made as the circumstances do not warrant aegrotat assessment

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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