

New Zealand's specialist land-based university

Aegrotat Application Non-Medical Formal Examinations

Use this form only when applying for aegrotat assessment for formal examinations on non-medical grounds

If your **non-medical** aegrotat application relates to a test, project, assignment or other item of continuous assessment, then you use the form entitled:

Aegrotat Application - In Term Assessment Non Medical

The information collected in this form is required by the University in order to assess whether aegrotat consideration for the examination(s) covered by this application is justified and, if so, the extent of consideration that should be given.

Where appropriate, the processing of your application will be aided by a supporting letter from a psychologist/counsellor/chaplain or other professional helper. Where this is not attached, you may be asked for additional information. For instance, in the case of bereavement we may ask for confirmation of your relationship to the deceased.

The information you supply on this form will be seen only by appropriate Lincoln University staff. Which staff will have access to this information will depend on what type of non-medical aegrotat application you have completed. Each section of this form gives details on who will receive the information.

The application needs to be completed within two working days either side of the affected exam.

When completed, this application should be lodged:

- in person at the Student Enquiries Counter, or
- by mail, marked confidential, to:

Amanda Emery
Examinations & Results Coordinator
Student Administration
PO Box 85084
Lincoln University
Lincoln 7647
Christchurch

| Name: | | | |
|------------|-------------|-------------|--|
| | Family Name | Given Names | |
| ID Number: | | | |

PART I - APPLICANT TO COMPLETE

Strictly Confidential to the Applicant The Applicant's Professional Adviser and Authorised Lincoln Staff

The people who will be authorised to see the information on this section are:

- the applicant for aegrotat assessment
- the applicant's counsellor, psychologist or other professional adviser
- Lincoln University examinations office staff
- Lincoln University non-medical aegrotat approving authority
- the examiner(s) of the subject(s) concerned
- the Divisional Director(s) of department responsible for the subject(s) concerned
- in the event of an appeal senior managers, including the Vice-Chancellor and the members of the Academic Administration Committee

| Name: | | | | | | | | | | | | |
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| Address: | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | |
| Cell: | | Phone: | | | | | | | | | | |
| Student #: | | | | | | | | | | | | |
| Have you app | | | | | | | | nths | | Yes | | No |
| If so, for wha | t subje | ct(s): | | | | | | | | | Year: _ | |
| Examination | s <u>misse</u> | <u>ed</u> : | | | | | | | | | | |
| Su | bject C | ode(s | 5) | | | | Title(s) | | | E | xam Da | te(s) |
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Examinations sat in which performance is thought to have been impaired:

| Subject Code(s) | | | s) | Title(s) | Exam Date(s) | Office Use | Le | |
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| | | | | | | | | Impairment |
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OFFICE USE ONLY: Approving Authority to Complete

| APPROVING AUTHORITY | Query Justified/Unjustified for all subjects Justified only for | Signature: | | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|
| Return to Exams Office within 2 working days | (Specify subject codes) Level of Impairment (Exams sat under impaired conditions only): Mild Moderate Severe Duration of Impairment: | Date: | | | |
| Type of Application: (Circle one) CRITICAL CIRCUMSTANCES MISADVENTURE | | | | | |

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| There are two types of no | on-me | dical aegrotat (<i>Please tick appropriate box)</i> : |
|---------------------------|-------|--------------------------------------------------------|
| Critical Circumstances | | Go to Part II |
| Misadventure | | Go to Part III |

The purpose of this section is to help you work out which applies in your case because the rules are different for the two types. (If you are unsure about which type applies in your case, complete Part 4 of this application.)

CRITICAL CIRCUMSTANCES (The list below is intended to be indicative, not exhaustive.)

An application for aegrotat assessment comes under the heading of **critical circumstances** if it is based on such events as:

- Bereavement
- Trauma
- Grief
- Acute distress
- Psychological illness
- Acts of God such as: earthquake, flooding, fire
- Acts of war
- Unusual special circumstances such as: being made late by having to give first aid at the scene of an accident; or theft of course materials.

MISADVENTURE (The list below is intended to be indicative, not exhaustive.)

An application for aegrotat assessment comes under the heading of **misadventure** if it is based on such circumstances as:

- Failure of your means of transport
- Oversleeping

Note: A misadventure application can result only in a recommendation for:

- Aegrotat pass; or
- Aegrotat restricted pass; or
- Aegrotat fail; or
- No recommendation; or
- Recommendation deferred; or
- Further exam

PART II - CRITICAL CIRCUMSTANCES

DETAILS OF THE CIRCUMSTANCES ON WHICH THE APPLICATION IS BASED (continue on a separate sheet if necessary):

- You should provide sufficient evidence and detail to allow an assessment of whether the application is justified.
- A statement from a recognised professional (e.g., a clinical psychologist, a student counsellor, chaplain or police) may be appropriate.
- Applications based on bereavement must include evidence of the death. This may be in the form of a death notice from a newspaper or a letter from a minister of religion or undertaker.
- Applications based on bereavement of anyone other than a close relative or significant person
 must be accompanied by evidence that the relationship was such as to cause personal grief or
 necessitate absence.

| 1. | Describe the critical events, crisis or situation in detail (including timing, place, how long, what happened, etc.) |
|----|----------------------------------------------------------------------------------------------------------------------|
| 2. | Describe how the critical events affected you (physical symptoms and psychological effects, |
| | feelings, etc.) |
| 3. | How did this impair your performance and ability to study leading up to the exams? |
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For the purposes of making an aegrotat assessment, I understand that the information set out in Part II of the application will be seen only by:

- the applicant for aegrotat assessment
- the applicant's counsellor, psychologist or other professional adviser
- Lincoln University examinations office staff
- Lincoln University non-medical aegrotat approving authority
- in the event of an appeal, senior managers, including the Vice-Chancellor and the members of the Academic Administration Committee

CONFIDENTIALITY WAIVER

The information in Part I will be accessible to the examiners of the affected subjects and their Divisional Directors for the purposes of making an aegrotat assessment. The information in Part II will, however, not be seen by examiners or Department Directors.

I HEREBY AUTHORISE THE PSYCHOLOGIST, COUNSELLOR OR OTHER PROFESSIONAL ADVISER NAMED IN THIS FORM TO DIVULGE TO THE AGREED PERSONNEL AT LINCOLN UNIVERSITY INFORMATION RELEVANT TO THIS APPLICATION.

| Signatur | e of Applicant: | | | Date: | | | | | |
|-------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Report fror | Report from Psychologist, Counsellor or other Professional | | | | | | | | |
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| Continue | on a separate | sheet if necessary | | | | | | | |
| | | ppinion, have these performance in his | | es impaired, or are the circumstances likely nations? | | | | | |
| NOT | MILD | MODERATE | SEVERE | (Delete what does not apply) | | | | | |
| details upo sealed enve form. In su | n which the ap elope marked | oplication is based, confidential. The e details will be asses | may be set on the set of the set | tion warrant additional confidentiality, the out on a separate sheet and, enclosed in a uld then be stapled INSIDE the application niversity's approving authority only but will | | | | | |
| Name of | Practitioner: | | | | | | | | |
| Signatur | e of Practition | er: | | | | | | | |
| Date: | | | | | | | | | |

PART III - MISADVENTURE

Use this part of the form only if you are applying under the misadventure provision and if the application is based on such circumstances as:

- Failure of your means of transport
- Oversleeping

DETAILS OF THE CIRCUMSTANCES ON WHICH THE APPLICATION IS BASED (continue on a separate sheet if necessary):

| Signature of Applicant: | Date: |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| I HEREBY AUTHORISE THE INDEPENDENT UNIVERSITY INFORMATION RELEVANT TO | PERSON NAMED IN THIS FORM TO DIVULGE TO LINCOLN DITHIS APPLICATION. |
| in the event of an appeal, senior mar Academic Administration Committee | nagers, including the Vice-Chancellor and the members of the |
| • The head(s) of department responsible | |
| • The examiner(s) of the subject(s) | |
| Lincoln University examinations office Lincoln University non-medical aegro | |
| the applicant's counsellor, psychologLincoln University examinations offic | · |
| the applicant for aegrotat assessmen | |
| I understand that the information set ou | t in this application will be seen only by: |
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| A statement from an independent pe | erson able to attest to these circumstances must be attached. |
| You should provide sufficient evid application is justified. | ence and detail to allow an assessment of whether the |
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Report from Independent person able to attest to these circumstances

| e: If this section is not completed by an independent, your a | , |
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| ame of Independent Person: | |
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PART IV - UNSURE OF WHETHER THE APPLICATION IS BASED ON CRITICAL CIRCUMSTANCES OR MISADVENTURE

DETAILS OF THE CIRCUMSTANCES ON WHICH THE APPLICATION IS BASED (continue on a separate sheet if necessary):

- You should provide sufficient evidence and detail to allow an assessment of whether the application is justified.
- A statement from an independent person able to attest to these circumstances must be attached.
- Applications based on bereavement must include evidence of the death. This may be in the form of a death notice from a newspaper or a letter from a minister of religion or undertaker.

• Applications based on bereavement of anyone other than a close relative must provide evidence

that indicates that the relationship was such as to cause personal grief or necessitate absence.

For the purposes of making an aegrotat assessment, I understand that the information set out in this part of the application will be seen only by:

- the applicant for aegrotat assessment
- the applicant's counsellor, psychologist or other professional adviser
- Lincoln University examinations office staff
- Lincoln University non-medical aegrotat approving authority
- in the event of an appeal, senior managers, including the Vice-Chancellor and the members of the Academic Administration Committee

If this application is assessed as being based on a misadventure, then I understand that this information will also be accessible to the examiners of the affected subjects and their heads of department for the purposes of making aegrotat assessment.

I HEREBY AUTHORISE THE INDEPENDENT PERSON NAMED IN THIS FORM TO DIVULGE TO LINCOLN UNIVERSITY INFORMATION RELEVANT TO THIS APPLICATION.

| Signature of Applicant: | Date: | |
|-------------------------|-------|--|
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Report from Independent person able to attest to these circumstances Note: If this section is not completed by an independent person, your application may be ruled

| unjustified. | ii independent person, your application may be ruled |
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| Continue on a separate sheet if necessary | |
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| Name of Independent Person: | |
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| Signature of Independent Person: | |
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| Date: | |