

## Application for Aegrotat Assessment

## In-Term Assessment

## 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 impairment on **medical grounds**. There is a different form for aegrotat applications 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. The health practitioner may wish to complete a separate medical certificate for each course or may feel that one certificate can apply to all courses. In *that* case, you will need to photocopy the medical certificate in Part Two and enclose a copy with each application.**
* Complete Part One of this form, sign the declaration and take it to your medical or dental practitioner or practice nurse who will complete Part Two.
* **Hand the form to the Departmental Administrator 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.

* The information contain in this application is confidential to the University and its agents.
* The University reserves the right to question the practitioner further on the details supplied.

**PART ONE: PERSONAL AND COURSE DETAILS**

# *To be completed by the applicant and handed to the Departmental Administrator:*

### 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 medical circumstances:***

Description of project/assignment/report:

Due Date:

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

Description of project/assignment/report:

Due Date:

Please tick one box to indicate the extent to which you consider your work has been impaired. Your medical or dental practitioner will also provide this information:

❑ Severe ❑ Moderate ❑ Mild

### Name and Address of Medical/Dental Practitioner or Practice Nurse Consulted:

Name:

Address:

### Declaration:

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

I authorise my medical or dental practitioner to divulge to Lincoln University their evaluation of the extent of my impairment, for the purposes of this application.

Signature Date

##### PART TWO: MEDICAL CERTIFICATE

* To the applicant:
* If the application relates to more than one subject, and if the health practitioner uses this one copy of the medical certificate to cover all subjects, you should photocopy this certificate once it has been completed by the health practitioner and attach a copy of it to **each** application.

###### To be completed by the medical or dental practitioner or practice nurse

Name of Applicant:

Name of Medical/Dental Practitioner/Nurse:

Please tick one box to indicate the extent to which you consider the applicant’s academic work has been impaired by their medical condition:

❑ Severe ❑ Moderate ❑ Mild ❑ Not Impaired

Please indicate the period of impairment associated with this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/Dental Practice Stamp

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Complete the form below. Return to the Departmental Administrator 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_