

### ELIGIBILITY

In the event of a missed final examination, a student will not normally be permitted to undertake a deferred examination unless there were unavoidable, compassionate, or compelling circumstances. Please refer to the [ACPE Examinations Policy](#) for circumstances which may be considered for approval.

### SUPPORTING DOCUMENTATION

All applications for a Deferred Final exam must include supporting documents as evidence to support your claim. Students applying due to medical grounds must have a registered Medical Practitioner complete the attached ACPE medical certificate.

### SUBMISSION DETAILS

Applications with supporting documentation must be lodged **no later than 5.00pm 2 working days after the submission date** of the assessment task, either in person to Student Services at the ACPE Campus or online via email to [studentservices@acpe.edu.au](mailto:studentservices@acpe.edu.au)

### OUTCOME

Once your request has been assessed, you will be notified of the outcome via your ACPE student email address. Approved Deferred final exams will normally be conducted within a 2 week period, following the final exam week. An examination may be deferred no more than once, after the original scheduled examination.

### Personal Details

Student ID No.						Phone Number									
Given Name						Family Name									
Course Name						Mode of Study (Online or On Campus)									
Head of Dept. (Tick one)	<input type="checkbox"/> Diane Grant (Education & Dance)		<input type="checkbox"/> Duncan Greig (Sports Performance)			<input type="checkbox"/> Mikah van Gogh (Health Science)			<input type="checkbox"/> Dr Tilda Khoshaba (Sports Business)						

### Unit Examination Details

Exam Date	Unit Code	Unit Name	Lecturer Name	Office Use Only. Approved? (Tick one)
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

### Reason for Application

Evidence must be provided to demonstrate why you were unable to sit your final examination at the scheduled day and time.  
(Tick the applicable box) ✓

✓	<b>Serious illness</b> An ACPE Medical Certificate must be completed by a registered Medical Practitioner, with a provider stamp on the certificate that contains their provider number.	✓	<b>Death or serious illness of immediate family member</b> Please attach a letter from a doctor, funeral director or counsellor, indicating the relationship of the family member to the student.
✓	<b>Unavoidable commitments</b> Examples include: jury duty, court appearance, military reserve, emergency service. Please attach documentation showing compulsory attendance dates.	✓	<b>Substantial change to routine employment</b> Please attach a letter from your employer explaining the change to your work arrangements.
✓	<b>Selection to represent at International, National or State Level in a sporting or cultural event</b> Please attach supporting documentation from State, National or Cultural organization advising of selection and dates.	✓	<b>Crisis/Trauma</b> For example, family breakdown, victim of crime/accident, extreme financial hardship. Supporting evidence may include a medical certificate or letter from a counsellor, psychologist, doctor, police or fire officer, depending on the nature of the issue. There must be evidence to demonstrate the severity of the circumstance.

Additional Comments:

### Applicant Declaration

I declare that the information provided by me on this form including my supporting documentation, is true and accurate to the best of my knowledge.  
I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information.  
I am lodging this form no later than 2 working days after the published Final Exam day and time.

Student Signature		Date	DD / MM / YYYY
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### Office Use Only

Application Assessment	✓	Approved	✓	Denied	Comment	
	Staff Name				Signature	Date DD / MM / YYYY

### ACPE MEDICAL CERTIFICATE

**THIS FORM IS USED IN CONJUNCTION WITH THE ACPE SPECIAL CONSIDERATION FORM.**

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**.  
 Students applying for a Deferred Exam based on medical grounds **MUST** have a registered Medical Practitioner complete this form.  
 Further information regarding Examinations is available at [acpe.edu.au/exams](http://acpe.edu.au/exams)

#### 1. Personal Details

Student ID No.		Daytime contact phone number	
Given Name		Family Name	
Course Name			

#### 2. Medical Certificate

**This certificate must be completed by a registered medical/health practitioner and have the practitioner's provider stamp affixed.**

Name of Practitioner						Provider's stamp  MUST BE AFFIXED HERE  <small>If stamp is not available, a signed declaration of provider number on practitioner's letterhead is to be attached to this application.</small>
Provider number						
Practice Address	Street No. & Name				State	
	Suburb					
Contact telephone no.						
Date of attendance at surgery	Date	D D / M M / Y Y Y Y	Time			
I certify that	PATIENT'S NAME					
is unfit for studies from	Date	D D / M M / Y Y Y Y	Date	D D / M M / Y Y Y Y		

Is the patient's condition severe enough that it prevents them from completing an assignment, class work or exam? YES / NO

My assessment of the patient's condition was based on:  
 (tick the applicable box)

<input checked="" type="checkbox"/> An examination of the patient	<input checked="" type="checkbox"/> Information provided by the patient	<input checked="" type="checkbox"/> I am unable to assess how the illness would affect the patient's capacity to complete coursework.
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Please state the nature of the problem/illness/difficulty experienced by the patient over the stated period, within the limits of patient confidentiality.

Practitioner's Signature		Date	D D / M M / Y Y Y Y
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**All sections of the form must be completed. Certificates from Traditional Medical Practitioners or family members will not be accepted.**

ACPE Office Use Only							
<input checked="" type="checkbox"/> Medical certificate approved	<input checked="" type="checkbox"/> Medical certificate not approved	Staff Initial		Date			