

Request for Deferred Final Examination Form

This form is to be used to request a deferred final examination for missing a scheduled examination due to exceptional circumstances. Please refer to the **ACPE Examination Policy** for circumstances which may be considered for approval to sit a deferred final examination. Documentation verifying the special circumstances in support of your request **MUST** accompany this form. You must submit this form **as soon as you are aware** of the circumstances preventing you from sitting a scheduled final examination, or if unforeseen circumstances apply, submit this form no later than **2 working days from the date of the missed examination**. Forms received after the due date may not be considered for assessment. **Should this occur for medical reasons, you are required to submit a medical certificate and a Professional Authority Form completed by a registered Medical Practitioner as stipulated in the Special Consideration Policy.**

The decision to allow a deferred examination shall be made by the Head of College. The Registrar's Office will notify you, via your ACPE email address, the outcome of the Head of College's decision. Deferred examinations will be conducted after the initial exam period at times determined by the College, usually within two weeks following the final examination period. If your request is approved, the Registrar's Office will advise you, via your ACPE email address, to confirm your deferred examination/s schedule.

Student Details					
Student ID:				Student Name:	
Phone:				Degree:	
Elite Athlete:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sport/ Team:
Request Details					
I request that I be allowed to sit the exam/s listed below during the deferred exam period.					
<ul style="list-style-type: none"> I offer the following explanation to briefly support my request: _____ 					
<ul style="list-style-type: none"> I <input type="checkbox"/> have / <input type="checkbox"/> have not previously sat a deferred scheduled exam. I have attached official documented evidence to support this request: <input type="checkbox"/> Yes <input type="checkbox"/> No, I will supply this by _____ (date). I authorise the College to obtain further information or make inquiries to verify my claim, if required. I understand that I MUST sit the deferred exam at the date and time scheduled by the College, and my failure to meet this requirement may result in a Fail grade for that exam assessment item. 					
NOTE: once a final examination has been deferred it may not be deferred a second time in the same study period, except in exceptional circumstances. This requires approval from the Head of College.					
Student's Signature: _____				Date: _____	
Missed Exam Date	Subject Code	Subject Name		Subject Lecturer	
Office Use Only					
Request <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved				_____	
Rescheduled exam date/s: _____				Head of College Signature	

				Date	

This form may be lodged in person at ACPE Reception, 10 Parkview Drive, Sydney Olympic Park
Or posted to: The Registrar's Office, ACPE, Locked Bag 2000 Concord West NSW 2138
Or scanned and emailed to: ACPEexams@acpe.edu.au

Professional Authority Form

Provision of Evidence

All fields should be filled out by a NSW registered medical practitioner or for non-medical reasons a relevant professional (i.e. Legal)

Please note: certificates from Traditional Medical Practitioners or family members will not be accepted. *Medical certificates will not be accepted without a signed Professional Authority form.*

Date of Consultation

Duration of Condition

Please tick the appropriate category:

Student is seeking an extension of time for an assessment task	<input type="checkbox"/>
The student has not missed an assessment task, however an incident has occurred which has/will seriously affect their studies	<input type="checkbox"/>
Student missed/will miss an assessment task/final examination	<input type="checkbox"/>

Professional's Comments

Severity of Condition

I have read ACPE's definition of compassionate or compelling circumstances on page 1, and confirm that the impact of the student's condition is **serious and would adversely affect** their ability to perform the required assessment task and/or formal examination.

Signature of Health Professional: _____

Name of Health Professional: _____

Provider or Registration Number: _____ Contact number: _____

Step 6: Additional Documentation

Medical Certificate Other (please indicate)

The student will be notified of the outcome of the application via student email.

**Stamp of Professional Authority/
Practice**

Office Use Only:					
Satisfactory Engagement / Attendance / Progress to date?	Y	N	Cond 2 or Cond 3 enrolment?	Y	N
Approved	Y	N	Reason for rejection:		
Approved Action to be taken:					

Assessed by: _____ Date: _____

PRIVACY STATEMENT: The information you provide on this form is bound by the ACPE "Privacy of Personal Information Relating to Students" Policy. This information is collected and held by the ACPE for administrative purposes and activities associated with your enrolment. The ACPE will not disclose your personal information without your consent and without due cause, except as required by law, Government regulations or for the normal operational activities of the College.