

School of Physiotherapy

Application for Impairment for Internal Assessment

Use this form to apply for impairment if you consider that acute illness or other exceptional circumstances beyond your control prevented you from completing or seriously impaired your performance in internal assessment e.g. assignments, tests.

| Surname: First Name(s): | | | | | |
|--|------------------|--------------|--------------------|----------------|-----------------|
| Student ID Number: | | | | Year: | |
| Paper/s for which you | wish to claim sp | ecial consid | eration: | | |
| | Assessment Dat | | Type of assessm | ent | Impaired/Absent |
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| What is your reason for impairment? Note: This form must be accompanied, where possible, by supporting documentation, i.e. medical certificate, health declaration form, certificate from counsellor or other documentation. State how this has affected your preparation and / or performance. | | | | | |
| Documentation attack | hed YES | NO | (Please tick one) | | |
| Signed: | | ••••• | Date: | •••••• | |
| Please return this form | m and accompan | ying docum | entation to the Sc | hool of Physic | otherapy |

reception or via email to physiotherapy@otago.ac.nz within 48 hours of your assessment.