

Declaration to support special consideration application related to Covid-19



University
of Otago
ŌTĀKOU WHAKAIHU WAKA

Semester 1 final exams and semester 1 special exams 2024

Name

ID Mobile

Examinations affected and the date of each examination

Papercode

Date

Overall dates of impairment

My circumstances (Please tick the appropriate box or boxes)

I am unwell and have tested positive for Covid-19 on the day of, or within 7 day/s prior to my exam and:

This has affected my preparation for and/or my performance at my exam.

I am not/was not able to attend my exam.

You must include a screenshot of your My Covid Record, including your name and date of notification of test results, when uploading this form to eVision.

Declaration

I declare that all the information now submitted in connection with my application for special consideration for the exam for the paper/s shown above (whether on a physical form, entered electronically, or in any supporting documents) is true and correct to the best of my knowledge.

Please note that Misrepresentation (feigning disability, temporary illness or injury or exceptional circumstances beyond one's control, and then claiming special conditions and/or special consideration) is a type of Academic Misconduct and governed by the [Student Academic Misconduct Procedures](#).

Signature

Date