



**APPLICATION FOR SPECIAL CONSIDERATION IN FINAL EXAMINATIONS *for*
POSTGRADUATE MEDICINE/HEALTH SCIENCE PROGRAMMES**

OTAGO MEDICAL SCHOOL
Te Kura Hauora o Ōtākou

A student who has completed course work satisfactorily (please refer to your programme administrator/convenor for the required standard) but has (or for an impairment application thinks they have) failed to pass the paper concerned, due to impairment or absence from the final examination may apply for Special Consideration in final examinations if:

- the student has been prevented from sitting a final examination through acute illness or other exceptional circumstances at the time of the examination itself;

OR

- the student considers that their performance in any final examination has been seriously impaired due to illness or other exceptional circumstances at the time of, or in the 14 days immediately prior to the final examination itself;

A **Health Declaration for Special Consideration** form must accompany this application if the grounds for claiming impairment or absence are health-related. In other cases, comparable supporting documentation must be provided i.e., police report, notice of bereavement.

Please complete and submit this form along with the Health Declaration form or other supporting documentation to your Paper/Programme Convenor **within 5 days** after the last examination for which you are seeking Special Consideration.

Name: _____ **Student ID:** _____

Programme of Study: _____ **Campus:** _____

Email: _____

Paper/s for which you claim Impairment or Absence

	<i>Paper Code</i>	<i>Exam Date</i>	<i>(Circle appropriate option/s)</i>
(a)	<i>Impairment/ Absence</i>
(b)	<i>Impairment / Absence</i>
(c)	<i>Impairment / Absence</i>

Reason for claiming Impairment/Absence: *(Attach additional information and supporting documentation)*

Failed exam due to exceptional circumstances (documentation attached)

Student signature:..... **Date** ____/____/____

PLEASE READ THE IMPORTANT ADDITIONAL NOTES ON THE REVERSE - PAPER/PROGRAMME CONVENORS:

Complete recommendation on reverse and send application to appropriate Campus administrator:

Dunedin	Jacqui Bradshaw, Otago Medical School	otagomedicalschool@otago.ac.nz	Ph (03) 479-7454
Christchurch	Amanda Clifford, Student Experience	postgrad.uoc@otago.ac.nz	Ph (03) 378 6161
Wellington	Trevor Williams, Student Experience	postgrad.uow@otago.ac.nz	Ph (04) 389-5543

Additional Notes

1. This form is for students enrolled in Postgraduate Medicine/Health Science programmes that require students to sit a final examination.
2. Aegrotat passes for clinical papers are **NOT** offered in postgraduate Medicine/Health Science programmes. Aegrotat passes can only be considered for non-clinical papers that are on a PVC approved list.
3. Students must submit applications **as soon as possible** after the final examination for which Special Consideration is sought. In accordance with University General Regulations you may submit an application up to 5 days after the last examination for which you are seeking Special Consideration.
4. Special Consideration regulations are intended to apply in cases where a student's performance is **seriously impaired** or absence is due to events beyond a student's control. The following are typical examples of the level and type of incapacity through illness or other exceptional circumstances that the policy is intended to cover:
 - o Severe medical condition as a result of illness or accident, supported by medical evidence or documentation, such as severe influenza or hospital admission due to a motor vehicle accident.
 - o Bereavement of a significant other, as documented with a death notice or formal certification.
 - o Serious psychological impairment certified by a counsellor or doctor.

NOTE: Experiencing exam anxiety or having several exams close together are **NOT** grounds for applying for Special Consideration.
5. Where the circumstances for Special Consideration have been proven and accepted, the student will either:
 - (i) be offered the opportunity to sit a Special Examination
 - (ii) where the impairment was assessed as severe, be awarded an appropriately adjusted mark (up to a maximum of a 5% adjustment)
 - (iii) for approved non-clinical papers only, be offered an Aegrotat Pass

The adjusted mark will then be used to calculate the final grade of Pass, Fail or Distinction as applicable.
6. Students should complete and submit the form to their Paper/Programme Convenor. The Paper/Programme Convenor will consider the claim and make a recommendation to the Associate Dean Postgraduate, Division of Health Sciences.
7. If a student sits a Special Examination their permanent academic record will initially show either a FAIL or the original examination grade obtained (even if this was under impaired conditions). The grade will be updated showing the result for the Special Examination with 'SC' recorded next to the paper code.
8. For students enrolled in Postgraduate Medicine/Health Science Programmes, the guidelines outlined in this document may not apply to any additional paper that is not part of that programme. In such cases, it is the student's responsibility to determine the Special Consideration regulations that apply for that paper (see the "Examination Regulations" section of the "General Regulations" in the University Calendar).

PAPER/PROGRAMME CONVENORS RECOMMENDATION

ABSENCE: To sit Special Examination to be held on: Date (if known): ____/____/____
 To sit Examination next time offered in Department: Date (if known): ____/____/____
 Aegrotat Pass applicable only to non-clinical papers on a PVC approved list: (attach explanation)
 Application declined: (state reason i.e. recommend FEO)

IMPAIRMENT: Mild Medium Severe Aegrotat Pass (no grade given)
 To sit Special Examination to be held on: Date (if known): ____/____/____
 To sit Examination next time offered in Department: Date (if known): ____/____/____
 Application declined: (state reason)

FEE: No charge \$72 for approved applications that were due to preventable circumstances
(payable to cashier in Department)

CONVENORS NAME: _____ Department/Campus: _____

SIGNATURE: _____ Date: ____/____/____

ASSOCIATE DEAN POSTGRADUATE FOR DIVISION HEALTH SCIENCES:

_____ Date: ____/____/____

APPROVED

DECLINED

CC: Department Administrator, Student Administrator