

## **Supporting Statement for Special Consideration in Final Examinations**

Please scan and upload the completed form to your online application for Special Consideration.

This form is for **independent verification of a student's circumstances** in relation to applications for Special Consideration. Ideally, the form should be completed by someone outside the student's family or friend group. However, where circumstances do not allow this, evidence will be accepted from family or friends (including other students). Evidence from independent sources may be given more weight in assessment.

Name:	Student ID number:
Overall dates of	f impairment:
PART B: STATEN	MENT AND DECLARATION TO BE COMPLETED BY INDEPENDENT PARTY
	rification of and/or any relevant information on the student's impairment. In describing the student's ment, please provide dates where possible. Sensitive details are not required.
	formation provided is complete and correct. I consent to the University of Otago contacting me to verify details an ation on this Supporting Statement for Special Consideration.
f I am a student d	at the University of Otago, I acknowledge that providing false or misleading information in support of a Special colication represents a breach of the Code of Student Conduct and is likely to result in disciplinary action under the
Name:	Relationship to Student:
Signature:	Date:
Email:	Telephone number: