

Information needed to support a request to withdraw from study due to exceptional circumstances

This form is for use by students applying for Exceptional Withdrawal at the University of Otago.

To constitute an application for Exceptional Withdrawal, the student should apply online via their eVision portal and can apply in advance and prior to providing supporting evidence.

More information regarding this can be found here: <https://www.otago.ac.nz/study/enrolment/otago070876.html>

Please note that in order for this form to be accepted for an Exceptional Withdrawal application the student details section, and questions 1 through 8 must be completed (where question 6 is required based on question 5's answer).

Student details

Full name

Student ID number

Paper(s) affected that an exceptional withdrawal is being applied for

Paper(s) wanting to stay enrolled in (if applicable)

Exceptional circumstances are defined as circumstances that are beyond the student's control, and include illness supported by a medical certificate.

1. How long has this person been under your care?
From _____ to _____
2. I confirm that I have the above mentioned student's consent to disclose the following information.
YES NO
3. Does the applicant have a medical condition that has seriously impacted study, and made completion of the paper(s) untenable?
YES NO
4. Please provide dates of impairment: Between which dates is/was the student severely impacted.
From _____ to _____
5. Is this a previously known condition?
YES NO
6. If you answered YES to question 5, has there been an unexpected worsening of the condition despite appropriate management for the teaching period of the paper(s) mentioned?
YES NO
7. If the proposed withdrawal is not for all the papers currently enrolled in for the teaching period, will the condition impact on the continuation of other papers?
YES NO
8. Do you have enough information to make the above assessments?
YES NO
9. If relevant provide any further comments. This may include that there is evidence of significant non-medical factors that should be taken into consideration or that there is insufficient medical evidence with which to form an opinion.

Date:

Email:

Name:

Phone:

Role:

Practice/ Business name:

Signature: