



## APPLICATION FORM FOR SPECIAL CONSIDERATION

### INSTRUCTIONS FOR THE RETURN OF APPLICATIONS

**For internal assessment** – please return the completed form to [dent.undergraduate@otago.ac.nz](mailto:dent.undergraduate@otago.ac.nz)

**For final examinations** – Please apply for Special Consideration via your Evision Portal AND advise the Faculty by returning this completed form to [dent.undergraduate@otago.ac.nz](mailto:dent.undergraduate@otago.ac.nz)

### STUDENT ID

Last Name:

First Name:

**Programme and Year:** *e.g.* BDS2, BOH1, BDentTech3

**Paper/Module:** *e.g.* Anatomy module DENT262

**Assessment/s affected:** (*e.g.* practical test, final examination)

**Date of assessment/s**

**Reason for applying for special consideration:** (*e.g.* illness, bereavement, note: confidential personal details are not required here)

Please Refer to the University Policy for Special Consideration  
<https://www.otago.ac.nz/administration/policies/otago636870.html>

Paper co-ordinator has been advised YES                      NO  
(NOTE: in some instances, it may be appropriate to contact other staff who can advise co-ordinators)

Medical Certificate Provided YES                      NO

Other Documents provided YES                      NO

The information which I have provided is correct and complete to the best of my knowledge. I give my consent for my Health Professional to disclose health information, relevant to my claim for special consideration, to relevant examiners and officers of the University. I understand that this disclosure is limited to health information related to my claim for special consideration.

**Signature of Student**