



# Faculty of Dentistry

## Te Kaupeka Pūniho

New Zealand's National Centre for Dentistry

### APPLICATION FORM FOR SPECIAL CONSIDERATION

#### INSTRUCTIONS FOR THE RETURN OF APPLICATIONS

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

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

**For department run final examinations** – Please apply for Special Consideration via the Faculty by returning this completed form to [postgrad.dentistry@otago.ac.nz](mailto:postgrad.dentistry@otago.ac.nz)

#### STUDENT ID

Last Name:

First Name:

**Programme and Year:** *e.g. DClinDent, MComDent*

**Paper/Module:** *e.g. COMD801, DTEC403*

**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**