



## Application for Special Consideration

Use this form for an **Unplanned Absence**

This application **must** be accompanied by a **Health Declaration for Special Consideration** form

Last Name:	First Name:	Student ID Number:
Course and Year of Study e.g. BOH3		
Email address: Will be used for correspondence regarding this application so make sure it is accurate		
If you were ABSENT from any Final Examination specify the paper(s) here:		
PAPER CODE e.g. BOH301	DATE	AM/PM
If you consider that your performance was SERIOUSLY IMPAIRED in any Final Examination specify the paper(s) here:		
PAPER CODE e.g. BOH302	DATE	AM/PM
Please give a full account of the circumstances concerning your absence from, or serious impairment in final examinations at the time of the examinations concerned, or in the 14-day period immediately prior to them. Attach extra page if necessary.		
I authorize the following person to communicate with the Faculty of Dentistry and to complete and submit documents on my behalf. Name.....Relationship.....		
I have read and understood the information on this form. I accept that emails sent to me regarding my application may include information about final results.  SIGNATURE..... DATE.....		

- Scan completed and signed forms (1. Application for Special Consideration form 2. Health Declaration for Special Consideration form)
- Scan completed and signed forms
- Email to [absent.dental@otago.ac.nz](mailto:absent.dental@otago.ac.nz)
- Put **Certificate** in the subject line
- Attach **both** scanned forms
- Send
- **Or** place the hard copies in the letterbox in the Faculty Office, Room 1.38, 1st Floor Walsh Building, as soon as practicable

Submit both forms **within five working days** of the examination