



FACULTY OF DENTISTRY

Application for Special Consideration

Use this form for **Unplanned Absence**

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	FOR OFFICE USE ONLY
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	FOR OFFICE USE ONLY
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.			
THIS APPLICATION MUST BE ACCOMPANIED BY A HEALTH DECLARATION FOR SPECIAL CONSIDERATION FORM			
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.....			

Please return your completed form to the Faculty Office, 1st floor, Faculty of Dentistry, or post to Faculty Operations Manager, Faculty of Dentistry, P.O. Box 647, Dunedin 9054, or email to margaret.berkeley@otago.ac.nz