



**INTERIM APPLICATION FOR SPECIAL CONSIDERATION IN FINAL EXAMINATIONS  
for POSTGRADUATE MEDICINE/HEALTH SCIENCE PROGRAMMES**

A student who has completed course work satisfactorily (please refer to your programme administrator/convenor for the required standard) but has (or for an impairment application thinks they have) failed to pass the paper concerned, due to impairment or absence from the final examination may apply for Special Consideration in final examinations if:

- the student has been prevented from sitting a final examination through acute illness or other exceptional circumstances at the time of the examination itself;  
OR
- the student considers that their performance in any final examination has been seriously impaired due to illness or other exceptional circumstances at the time of, or in the 14 days immediately prior to the final examination itself;  
OR
- the student misses a final examination through genuine error in an otherwise preventable circumstance, such as mistaking the time or date of examination (*the applicant shall have no more than one application approved under this provision; the prescribed fee applies*)

A **Health Declaration for Special Consideration** form must accompany this application if the grounds for claiming impairment or absence are health-related. In other cases, comparable supporting documentation should be provided where possible, i.e., police report, notice of bereavement.

Please complete and submit this form, and the Health Declaration form if relevant, to your Paper/Programme Convenor **within 5 days** after the last examination for which you are seeking Special Consideration.

**Name:**..... **Student ID:**.....

**Programme of Study:**..... **Campus:**.....

**Email:**.....@student.otago.ac.nz

**Paper/s for which you claim Impairment or Absence**

	<i>Paper Code</i>	<i>Exam Date</i>	<i>(Circle appropriate option/s)</i>
(a)	.....	.....	<i>Impairment / Absence</i>
(b)	.....	.....	<i>Impairment / Absence</i>
(c)	.....	.....	<i>Impairment / Absence</i>

**Reason for claiming Impairment/Absence:** (*Attach additional information and supporting documentation*)

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**Student signature:**..... **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE READ THE IMPORTANT ADDITIONAL NOTES ON THE REVERSE - PAPER/PROGRAMME CONVENORS:**

Complete recommendation on reverse and send application to appropriate Campus administrator:

<b>Dunedin</b>	Jacqui Bradshaw, Otago Medical School KC Worden, Division of Health Sciences	<a href="mailto:otagomedicalschool@otago.ac.nz">otagomedicalschool@otago.ac.nz</a> <a href="mailto:postgrad-health-sciences@otago.ac.nz">postgrad-health-sciences@otago.ac.nz</a>	Fax (03) 479-5459 Fax (03) 479-5058
<b>Christchurch</b>	Ruth Helms, Academic Programmes	<a href="mailto:ruth.helms@otago.ac.nz">ruth.helms@otago.ac.nz</a>	Fax (03) 364-0525
<b>Wellington</b>	Trevor Williams, Postgraduate Office	<a href="mailto:postgrad.wsmhs@otago.ac.nz">postgrad.wsmhs@otago.ac.nz</a>	Fax (04) 389-5727

