



# School of Physiotherapy

## Application for Impairment for Internal Assessment

Use this form to apply for impairment if you consider that acute illness or other exceptional circumstances beyond your control prevented you from completing or seriously impaired your performance in internal assessment e.g. assignments, tests.

Surname ..... First Name(s) .....

Student ID Number ..... Year .....

**Paper/s for which you wish to claim special consideration:**

<i>Paper Code</i>	<i>Assessment Date</i>	<i>Type of assessment</i>	<i>Impaired/absent</i>

**What is your reason for impairment?** Note: This form must be accompanied, where possible, by supporting documentation, i.e. medical certificate, health declaration form, certificate from counsellor or other documentation.

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**State how this has affected your preparation and / or performance.**

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.....

**Documentation attached**      YES      NO      (Please circle one)

**Signed:** .....      **Date:** .....

**Please return this form and accompanying documentation to the School of Physiotherapy reception or via email to [absent.physio@otago.ac.nz](mailto:absent.physio@otago.ac.nz) within 48 hours of your assessment.**