

This form is for students who are unable to sit or complete an assessment and wish to apply for a deferred assessment. Documentary evidence supporting your application must be attached.

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM

1. Student Details

A. Student Number		B. Date	
C. Given Name(S)		D. Family Name	
E. Phone Number		F. Email Address	

2. Assessment Details

A. Course Name(s)			
B. Unit Code & Name			
C. Assessment Name & Type (e.g. final exam, assignment)		D. Assessment Date	
E. I am applying for:	☐ Deferred Assessment		
F. Grounds for deferment (tick all that apply; supporting evidence is required):	☐ Illness (Medical) ☐ Misadventure – an unforeseen event outside my control that seriously affected my ability to sit or complete the assessment (e.g. accident, emergency, sudden loss of housing, transport or utilities, natural disaster) ☐ Personal circumstances ☐ Family circumstances (e.g. serious illness or bereavement of a close family member) ☐ Victim of crime		

3. Reason for Deferment and Supporting Evidence

A. What evidence do you have? Tick each item you are attaching and describe it. Attach clear copies; you may be asked to provide originals.

Evidence	Dates affected: From _____ to _____
☐ Medical certificate completed by a registered medical practitioner	
☐ Accident, incident (e.g. accident, theft, crime)	
☐ Official or travel records	
☐ Other (please specify)	

B. Short explanation of the reason for deferment



4. Medical Certificate (Illness only)

To be completed by a registered medical practitioner or other approved health professional only. Please apply the guidelines of your registration body (e.g. AHPRA or other relevant professional board or authority). Medical statements or certificates from pharmacists are not accepted.

Consultation date(s) ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

Please indicate the level of impact on the student's ability to complete the assessment(s) listed in Section 2:

☐ High impact – the impact of the condition is high. The student cannot sit or complete the assessment(s).
I certify that this patient is unfit for studies from ____ / ____ / ____ to ____ / ____ / ____

OR

☐ Low / No impact / Unable to assess – the impact of the condition is low or cannot be determined. The student's ability to sit or complete the assessment(s) will not be affected. I certify that this patient is unwell from ____ / ____ / ____ to ____ / ____ / ____

Comments on patient's condition (please print clearly)

Name of practitioner		Practitioner's stamp
Signature of practitioner		
Contact number		
Date		<i>Not valid without a valid practitioner stamp or registration number</i>



5. Notes for Applicant

1. You must complete this application form and attach independent supporting documentation.
2. Applications must be submitted no later than three business days after the scheduled assessment date.
3. You will be advised of the outcome of this application by email to the address provided in Section 1. This may not always be before the assessment date.
4. Approved deferred assessments cannot be deferred again. If you are unable to undertake a deferred assessment at the scheduled time, your result may be finalised by the Unit Coordinator.
5. ADCI will check the authenticity of all supporting documents submitted and may seek clarification from the provider if necessary. ADCI does not discuss your medical condition(s) with the provider.
6. Any false or misleading information provided in support of this application will be reported and actioned as necessary under ADCI's academic integrity policies.
7. If you have any queries about completing this form, please contact ADCI Student Administration.
8. The information collected in this form is used for compliance reporting under the Higher Education Support Act 2003.

6. DECLARATION

Please tick all boxes:

- ☐ I apply for a Deferred Assessment in accordance with ADCI's Enrolment Information and Policies available at adci.edu.au.
- ☐ I declare that the information in this application, including my explanation of the reason for deferment, is true and correct to the best of my knowledge.
- ☐ I declare that the supporting evidence I have listed in Section 3 is genuine, independent, relates to the dates and circumstances I have described, and is attached to this application.
- ☐ I authorise ADCI to verify the authenticity of my supporting documents and to contact the provider(s) of those documents if necessary.
- ☐ I understand that false or misleading information, or any altered or fabricated document, will be reported and may be dealt with as academic misconduct.
- ☐ I understand that an approved deferred assessment cannot be deferred again, and that if I do not sit it at the scheduled time ADCI may finalise my result.
- ☐ I understand that the outcome will be emailed to the address provided in this application and may not be received before the assessment date.

Signature: _____

Name: _____ Date: ____ / ____ / ____

7. Office Use Only

Date Received		Evidence Verified	☐ Yes ☐ No
Outcome	☐ Approved ☐ Not approved	Deferred Assessment Date	
Approved By		Date Approved	