

Application for consideration of adverse circumstances requiring RESCHEDULING OF A FORMAL OR IN-CLASS EXAMINATION

This form should be completed if you are requesting the rescheduling of an examination that you will be unable to attend at the scheduled date. You must read the Procedure at <http://www.newcastle.edu.au/policy/000940.html> and the Policy at <http://www.newcastle.edu.au/policy/000939.html> before completing this application.

This form must be accompanied by supporting documentation, either original documents or certified copies of original documents. It is recommended that you keep a photocopy of your completed application.

Please note: If you wish to apply for an extension of time for an assessment item please use FORM A.

A. Student Details (please print in CAPITAL LETTERS)

Last name: _____ Student Number:

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First name: _____ Contact Telephone: 1. _____

Full Address (include country): _____ 2. _____

_____ Email: _____

B. Course (Submit a separate application for each course)

Please detail course with scheduled formal examination date and suggested date and time that you are requesting reschedule.

Course Code	Course Name	Scheduled date	Suggested Reschedule date	Course Coordinator

C. The basis for my submission is:

- Health
 Compassionate
 Hardship/trauma
 Unavoidable commitment

You must supply original or certified documents to support your claim. Refer to clause 5.7 of the [Policy](#) for more information about the type of documentation that is required.

D. Declaration:

If applying to sit the examination before the scheduled date: 'I will not discuss or divulge any information relating to the rescheduled examination in the above course conducted prior to the scheduled date in this examination period.'

If applying to sit the examination after the scheduled date: 'I will not seek to gain or use information from any person who has undertaken or gained knowledge of the examination in the above course conducted earlier in this examination period.'

I hereby confirm that the information provided in this application is correct and true to the best of my knowledge.

I understand that the University may take steps to verify the authenticity of any documentation provided with an application.

I understand that the supply of false information, false or falsified documentation, will result in the rejection of the adverse circumstances application and/or the cancellation of the adverse circumstances approval authorisation, and may result in disciplinary action under the Student Misconduct Rule [000935].

I acknowledge that I am required to retain my documentation for safe keeping for a period greater than six months after the completion of the relevant term.

Student Signature: _____ Date: _____

Due date for lodgement

This application should be lodged with:

1. HKMA Program Executive or
2. SAA-GE Program Executive

Please refer to the [procedure](#) points 3.4.1, 3.5.2, 3.6.2 and 3.7.2

Office Use Only

Reschedule of Examination	
Course coordinator	Recommendation (tick appropriate box)
Course coordinator name (please print):	<input type="checkbox"/> approved
Course coordinator signature:	<input type="checkbox"/> alternative or replacement examination paper
Date:	<input type="checkbox"/> not accepted
Details of decision i.e. if reschedule, date, time and location	Student notified:

