

APPLICATION FOR SPECIAL ASSESSMENT: PERSONAL DISABILITY



Student Name: _____

Student ID: _____ Course: _____

PART 1 - Units that special consideration is being sought for:

Unit Code	Unit Name	Date of final exam or test	Were you/will you be able to sit your scheduled exam/s?
			YES/NO
			YES/NO
			YES/NO
			YES/NO
			YES/NO

The reasons for application must be classified as medical or psychological condition – e.g. hospitalization, serious injury or chronic illness. Please give the reasons for your application below together with supporting documents (see Part 3).

PART 2 - Student Declaration

I declare all information given on and/or attached to this form by me to be true and correct. I acknowledge that MIBT Indonesia has the right to independently confirm the information provided and to vary or reserve any decision made regarding special consideration on the basis of incorrect or incomplete information.

Signature: _____ Date: _____

Part 3 – Supporting Documents

To be completed by the attending Doctor:

This is to certify that I have seen _____ (name)
on _____ (date) at _____ (time).

Please tick one of the following boxes:

- He/she is diagnosed to be suffering from the following illness that would adversely affect his/her performance in a test/examination from _____ (date) to _____ (date) and therefore should warrant special consideration:

(Please detail the nature and extent of the student's medical condition and how it will affect his/her performance in an examination. Your professional assessment is important to our deliberations, which must balance fairness to the student concerned and the integrity of the examination process.)

OR

- He/she is diagnosed to be fit or suffering from an ailment for which special consideration is not warranted. Such ailments are understood to have no adverse impact on a student's performance in an examination and may include minor headaches/sore throat/cold, low grade fever, etc.

Name of Doctor: _____

Signature & Stamp: _____ Date: _____

As your judgment above is given to MIBT Indonesia in confidence, please put this form in a sealed envelope before returning it to the student for submission.

OFFICE USE ONLY - This section to be completed by the Academic Manager

Application received date: _____

Special Assessment outcomes

- Not granted
 Granted - will be reflected in marking process where assessment has been submitted
 Granted - eligible for special consideration on tests/examinations.

Student notified Yes No

Lecturer/Exam Supervisor notified Yes No

Comments _____

