TO THE PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION: Your help in providing information regarding the student’s health and/or medical condition (or other illness) is appreciated. This information will assist UNSW Equitable Learning Services in the assessment of the student’s academic performance.

TO THE STUDENT: You must provide original documentation to Equitable Learning Services (Goodsell Building).

Information MUST be provided by a professional authority (such as a doctor or counsellor) who then stamps and signs the form. If they do not have the facility to stamp this form, a separate official certificate should be attached providing ALL the information requested.

This document will remain confidential with Equitable Learning Services.

STUDENT’S NAME: ____________________________

STUDENT ID: ____________________________

DATE(S) ON WHICH STUDENT WAS SEEN: ____________________________

NATURE OF CONDITION: ____________________________________________

(Attached additional statement if necessary)

DATE(S) OR PERIOD(S) OF EXACERBATED CONDITION OR ILLNESS: FROM: ____________________________

TO: ____________________________

ASSESSMENT OF SEVERITY OF CONDITION OR ILLNESS:
(Please circle as appropriate)

MILD

MODERATE

SEVERE

YOUR OPINION OF LIKELY EFFECT ON STUDENT’S CAPACITY TO UNDERTAKE THE ASSESSMENT TASK OR EXAM:
(Please circle as appropriate)

MILD

MODERATE

SEVERE

IF STUDENT REQUIRES AN EXTENSION, RECOMMENDED LENGTH OF EXTENSION: ________________ DAYS

PROFESSIONAL AUTHORITY

NAME: ____________________________

PROFESSION: ____________________________

SIGNATURE: ____________________________

DATE: ____________________________

STAMP