REQUEST FOR SPECIAL CONSIDERATION DUE TO ILLNESS OR MISADVENTURE – PROFESSIONAL AUTHORITY FORM

TO THE PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION - Your help in providing information regarding the student's illness (or other problem) is appreciated. This information will assist UNSW in the assessment of the student's academic performance.

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 information requested.

Within the limits of confidentiality, this form and/or any certificate, must describe the nature and seriousness of the student's problem so that an assessment of the possible effects of the illness (or other problem) on performance can be made.

STUDENT'S NAME: ___________________________________________________________

STUDENT ID: ______________________________________________________________

DATE(S) ON WHICH STUDENT WAS SEEN: _______________________________________

NATURE OF ILLNESS / MISADVENTURE: Attach additional statement if necessary

DATE(S) OR PERIOD(S) OF ILLNESS OR MISADVENTURE: _______________________

FROM: ____________________________ TO: ____________________________

ASSESSMENT OF SEVERITY OF ILLNESS OR MISADVENTURE

Please tick as appropriate

MILD ☐ MODERATE ☐ SEVERE ☐

YOUR OPINION OF LIKELY EFFECT ON STUDENT'S CAPACITY TO UNDERTAKE THE ASSESSMENT TASK

Please tick as appropriate

MILD ☐ MODERATE ☐ SEVERE ☐

PROFESSIONAL AUTHORITY

NAME: __________________________________________

PROFESSION: __________________________________

SIGNATURE: ____________________________________

DATE: ____________________________ STAMP