REQUEST FOR REDUCE STUDY LOAD 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 application to reduce their study load.

TO THE STUDENT - When lodging your application, you must provide original or certified copies of all supporting documentation in person to Student Development International

Information MUST be provided by a professional authority (such as a doctor or psychologist) 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 ability to study a full time load.

STUDENT'S NAME: __________________________

STUDENT ID: __________________________

DATE(S) ON WHICH STUDENT WAS SEEN: __________________________

NATURE OF ILLNESS / MISADVENTURE
Please indicate how this will effect the students ability to study a full time load. 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 A FULL TIME LOAD OF STUDY
Please tick as appropriate

MILD □ MODERATE □ SEVERE □

PROFESSIONAL AUTHORITY

NAME: __________________________

PROFESSION: __________________________

SIGNATURE: __________________________

DATE: __________________________ STAMP