



Australia's
Global
University

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.

TO THE STUDENT - After lodging your application, you must provide original or certified copies of all supporting documentation in person to Student Central or to the following Postal address: *UNSW Student Central, UNSW Sydney NSW 2052 Australia*

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