



The University of Sydney
FACULTY OF LAW
 Undergraduate



Application for Reassessment Exam

This form should be completed by students who were incapable of sitting an examination or making a reasonable attempt at an examination due to *very* serious illness or misadventure. The form should **not** be used by students who completed an examination but believe their performance was adversely affected by illness or misadventure. Such students should complete an *Application for Special Consideration* form.

This form *must* be submitted **within three** business days of the examination concerned. Reassessment examinations are conducted in the week immediately following the formal exam period and may or may not take the form of the original examination. You should make yourself available during this period in the event that this application is successful.

Surname:	Given names:
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Student no: <i>(9 digits)</i>	Award course: <i>(eg. LLB, BCom/LLB)</i>
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Daytime contact no:	Email*:
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*All email correspondence is sent to your University email address.

Examination period: June November

Examination details: I seek reassessment in the following unit of study...										
Unit of study	Lecturer	Date of examination								
		/	/							

Please state the reason for your application in your own words.

I have attached the following *original* documentation to support this application:

- Professional Practitioner Certificate
- Other

Applications **cannot** be considered without supporting documentation. In the case of serious illness, a Professional Practitioner Certificate must *expressly* state that you were medically incapable of sitting the examination or making a reasonable attempt at the examination on the scheduled date. Wording such as “unfit for study” is not sufficient.

I declare that the details provided on this form and contained in the attached documentation are complete and accurate in every detail. I understand that reassessment examinations in the Faculty of Law are only granted in exceptional circumstances.

Signature:	Date:
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**Please return this form to: Undergraduate Team
 Faculty of Law (F10)
 The University of Sydney
 NSW 2006**



Professional Practitioner Certificate (Exams)

To be completed by a registered medical practitioner or counsellor for students whose ability to undertake an examination has been affected by very serious illness or misadventure.

Reassessment applications must be supported by documentary evidence from an appropriate professional authority (a registered medical practitioner, or counsellor). Certificates signed by family members are not acceptable. Your help providing information about the student's illness or misadventure is appreciated. This information will help the University make a fair and informed assessment about the student's academic performance. The information you provide on this form will be used solely to assess this application.

PROFESSIONAL PRACTITIONER CERTIFICATE

SID: _____ STUDENT NAME: _____

Date/s of consultation: _____

Please indicate your evaluation of the severity, duration and effect on the student's ability to attend classes, learn, retain and/or complete assessment requirements:

Specify period/duration

Severity (please tick appropriate boxes)	√	from	to
Totally unable to study			
Very severely affected			
Severely affected			
Moderately affected			
Slightly affected			
Unable to assess			

Plain English description of: nature of illness, symptoms, restrictions on capacity or functionality in their studies and other relevant information (attach additional report or documentation if necessary, bearing in mind privacy requirements)

OTHER (please specify and attach documentation/evidence)

Name _____

Address _____

Phone Number _____ Provider Number _____ Stamp _____

I authorise the University to contact me or my office to confirm authenticity of this document.

Signature: _____ Date: ____/____/____