**Examinations**

Application for Reasonable Adjustment - Part A

*Please note: This form is for Central Examinations only.*

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**Student Number**

**Postal Address** (must be completed by all students)

- Number & Street or PO Box
- Suburb / Town
- State
- Country (if outside Australia)
- Postcode

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**Title**

- Mr
- Mrs
- Ms
- Miss
- Dr
- Other

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**Surname**

**Given Names**

**Preferred Name**

**Gender**

- Male
- Female
- Indeterminate/Intersex/Unspecified

**Date of Birth**

- DDMYY

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**Are you an International Student?**

- Yes
- No

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**Email**

- Have you activated your student account?
- All correspondence sent to students by CDU will be sent to the student's official CDU email address.

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**Course Code**

**Course Name**

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**Unit Code**

**Unit Name**

**Date of Exam**

**Did/will you sit this exam?**

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**REASONABLE ADJUSTMENTS** *Please indicate below the special arrangement(s) requested:*

- Do you already have Permanent Arrangements set for this course?  
  - Yes
  - No

  If you have an approved Learning Access Plan (LAP) that includes permanent Reasonable Adjustments for Examinations, you do **not** need to complete this application. Any approved Reasonable Adjustments for Examinations will automatically be forwarded to the Examinations Unit for implementation.

- Amanuensis/Scribe
- Equipment- Specialised/personal
- Ergonomic Furniture
- Interpreter (signing or oral)
- Separate/private venue
- Medicine- Permission to take
- Wheelchair access
- Additional Writing Time
- Off-campus Exam Venue*
- Movement – Permission to move about
- rest Breaks (maximum 10mins per hour)
- Speech synthesiser computer
- Computer
- Other (please specify)

* Students allocated to a CDU on-campus examination centre who wish to undertake examinations at an off-campus venue should submit their application no less than four weeks prior to the central examination period to enable details to be processed and examinations dispatched to nominated exam institutions/supervisors in a timely manner.

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**SPECIAL CIRCUMSTANCES** *I wish to apply for Special Consideration based on the following circumstances (if the request is on medical grounds you must complete Part B or attach a medical certificate). In ALL other cases please provide a statutory declaration with any supporting information.*

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Please return this form to Student Central, Charles Darwin University, Darwin, NT 0909.  
Fax (08) 8946 6642  
Email: student.central@cdu.edu.au
Reasonable Adjustment
A student who is unable to sit for an examination at the place appointed, or has special needs or support requirements, may apply to the University for reasonable adjustments at least twenty-one (21) working days prior to the date set for the examination. Early departure for vacation shall not be an acceptable reason for a change of venue or a Special Examination. A change in venue will not result in a change in sitting date or time. Unless the application is on the grounds of a previously disclosed disability, the application must include a statutory declaration and third party evidence to support the application.

Any approved Reasonable Adjustments for Examinations will only apply for the examination period for which you are applying – they will not automatically apply for future examination periods. Subsequent applications are required for each examination period. Students seeking permanent Reasonable Adjustments for Examinations should contact the Disability Service by calling (08) 8946 6288 or by email disability@cdu.edu.au for further information.

Special Consideration
If a student considers that his/her examination performance has been affected by illness, disability or other special circumstances, they may apply for special consideration in writing, no more than seven (7) days after the examination. This application must be accompanied by a medical certificate (in the case of illness) or a statutory declaration and corroborative evidence in other cases. Special consideration shall consist of the Faculty PVC's choice of:

- a Special Examination, if no previous Special Examinations have been granted for that unit attempt for that student, in accordance with the 'Special Examination’s and Reasonable Adjustment’ section of the Higher Education Examination Policy; or
- an alternate assessment to be determined by the Lecturer; or
- an agregat of previous assessment for that unit.

The granting of additional marks and/or leniency in the marking of an examination assessment is NOT a possible outcome for any applications for reasonable adjustment.

Please note: University Counsellors are generally not able to provide supporting documentation for compassionate grounds, unless the student has seen them prior to requesting reasonable adjustment. If you are unsure about appropriate use of Medical Certificates, please contact Equity Services by calling (08) 8946 6288 or by email equity@cdu.edu.au

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I confirm that I have attached one of the following:

**Application on medical grounds**
- Part B of this form completed by a medical practitioner, or a Medical Certificate to support my application

**Application on other grounds**
- Statutory Declaration plus any relevant supporting documentation

**Applications submitted without the above documentation will not be processed. Documentation must be submitted in PDF format.**

List of supporting documentation included in application :

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- I hereby declare that the information I have entered on this form is accurate and correct; and
- I hereby grant permission for Charles Darwin University to verify any documentation which accompanies this application with the issuing body; and
- I understand that I am required to keep the original copy of any documentation provided for a 6 month period following the submission of this form, and that I may be required to produce this as a result of a Charles Darwin University random audit process; and
- I understand that if I knowingly make any false or misleading statements, I may be liable for prosecution.

Student Signature: ___________________________ Date: ___________________________
Examinations
Application for Reasonable Adjustment - Part B
Student Medical Certificate - to be completed by your Medical Practitioner

Student Number

Surname

Given Names

Daytime Phone

Mobile

MEDICAL PRACTITIONER DETAILS

Doctor’s Name: Date:

Surgery Address: Postcode:

I, ________________________________________________, a legally qualified medical practitioner

Examined (Patient’s name BLOCK LETTERS)

THE PATIENT

☐ is suffering from ____________________________________________________________

(diagnosis to be provided with patient consent where possible)

OR

☐ is suffering from a medical condition of a confidential nature ____________________________________________________________

AND

☐ The illness is considered, chronic/acute ____________________________________________________________

PLEASE COMPLETE ALL INFORMATION IN SECTION BELOW:

In my opinion this student is likely to be hindered in EXAMINATIONS

Within the period ___________________________________ to ___________________________________ (dates)

Additional Information (if required)

________________________________________________________________________________________

________________________________________________________________________________________

In my opinion the student’s medical condition will affect the following: (please tick)

EXAMINATIONS

In a minor way

Moderately

Severely

For the period ___________________________________ to ___________________________________ (dates)

Signature of Medical Practitioner ________________________________________________________

Stamp:

Please return this form to Student Central, Charles Darwin University, Darwin, NT 0909. Fax (08) 8946 6642

Email: student.central@cdu.edu.au
Further Information

Medical Grounds
This Medical Certificate is provided for use by students of Charles Darwin University where consideration is being sought for examinations on medical grounds.

Provision of this Certificate does not mean that requests are automatically approved. Decisions will be made taking account of all available information.

This Medical Certificate may be completed by on campus doctors, or by doctors in the community.

Please note that in all cases the Certificate must contain the Medical Practitioner’s stamp where indicated.

Students are advised to keep a photocopy of the completed original Certificate for their records and to submit the original with any other documentation.

Students applying for consideration on medical grounds must submit a Medical Certificate or Part B of this form, completed by a registered medical or dental practitioner stating:

- the date on which the practitioner examined the student
- the severity and duration of complaint
- the practitioner’s opinion of the effect of the complaint on the student's ability to undertake the assessment item.

Please note: Medical Certificates are legal documents and cannot be backdated.

Please do not request or submit a Medical Certificate if seeking reasonable adjustment other than on medical grounds.

Examples of Special Circumstances
Special Circumstance means a situation which is an exception to the general rule, is beyond the student’s control, is not reasonably foreseeable and which prevents the student from engaging in a University activity.

Special circumstances might include:

- Death of family member or close relative
- Serious illness of a family member or close relative
- Involvement in an accident where this does not involve injury (if injured a medical certificate would be appropriate)
- Significant and unexpected employment problems and pressures

A statutory declaration is required to be submitted for reasons other than medical grounds.

Appropriate supplementary documentary evidence for special circumstances might include:

- Bereavement notice
- Letter from employer, professional or practitioner
- Copy of accident report

Please note that University Counsellors are generally not able to provide supporting documentation for special circumstances, unless the student has seen them prior to requesting reasonable adjustment or a special examination.

An Application for Special Examination (EGT113) must be made using the relevant form. Reasonable adjustment can be used in cases of special needs, injury or on account of physical disability. The Disability Liaison Officer can provide further information. For more information please contact Equity Services by calling (08) 8946 6288 or by email equity@cdu.edu.au