

# Application for Alternative Time for Test / Exam



This application form is to be used to request an alternative arrangement for tests and/or exams due to personal circumstances, illness or clashes. An application and the associated fees due must be submitted before or within seven working days of the scheduled test/exam date.

## Learner Information

Student Number	<input type="text"/>		
First Name	<input type="text"/>	Family Name	<input type="text"/>
Address	<input type="text"/>		
Contact Phone	<input type="text"/>	Email	<input type="text"/>
Course Title	<input type="text"/>	Course code	<input type="text"/>
Date of Original Assessment/Exam	<input type="text"/>	Time	<input type="text"/>
		Place	<input type="text"/>
State Reason for Alternative Date	<input type="text"/>		

Supporting documentation must be attached e.g. letter from employer, a bereavement notice or medical certificate

## Academic Staff to Complete

Assessment Title	<input type="text"/>		
Assessment Code	<input type="text"/>	Weighting	<input type="text"/>
Date of alternative Assessment/Exam	<input type="text"/>	Time	<input type="text"/>
		Place	<input type="text"/>
Length of assessment	<input type="text"/>	(hrs)	Fees due \$ <input type="text"/>
			Charge code <input type="text"/>
Staff Contact	<input type="text"/>	Date	<input type="text"/>

Standard charge for an alternative assessment is \$25 per hour (invigilation costs only) or \$100 per hour (other costs) plus any additional material costs. An actual charge will be based on the duration of the alternative assessment.

## Learner Declaration

I acknowledge that special arrangements have been made to allow me to sit the assessment/exam and I undertake the following:

1. Not to communicate any information about the examination to any other person
2. Not to receive any information about the examination from any other person

I understand that serious penalties may be imposed if I break the agreement as specified above.

Learner signature	<input type="text"/>	Date	<input type="text"/>
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**Approval**

Application approved by (Head of Department)

Evidence accepted

Yes

No

Application declined for the following reason(s)

**Monitor Declaration (Optional\*)**

I agree to undertake the role of monitor during the period between the special arrangements and the scheduled assessment date. In so doing, I will undertake to ensure that the conditions of this agreement are honoured by the learner concerned.

Full name of monitor

Relationship to learner

Signature

Date

\* If the alternative assessment is prior to the scheduled date, a 'monitor' may be appointed by the Department. The monitor can be a family member, friend or other person who undertakes to remain with the learner for the period and confirm that no information about the assessment/exam has been communicated to other learners.

**Other Examinations/Assessments**

To assist us to make a suitable alternative time could you please complete the following:

Do you have any other assessments/examinations

 Yes No

Course Code	Date	Time

Have you arranged to sit any examinations at Learning Services

 Yes No

Have you arranged to sit any examinations with other staff or areas

 Yes No

Name of Staff or Area:

**Office Use Only**

Date

Evidence attached

 Yes No

Fee paid

 Yes No