



Application for Special Adjustment/s - Examinations

To be completed by ACU students applying for special adjustment/s due to an unexpected temporary medical condition.

DO NOT USE THIS FORM IF YOU ARE A STUDENT WITH A PERMANENT DISABILITY AND/OR CHRONIC MEDICAL CONDITION (Please register with the Disability Advisor)

SECTION A Personal Details

Student ID | | | | | | | | | | PLEASE WRITE IN BLOCK LETTERS |
Family Name \_\_\_\_\_ Given Name/s \_\_\_\_\_
Course \_\_\_\_\_ Campus \_\_\_\_\_
Telephone (BH) \_\_\_\_\_ Mobile \_\_\_\_\_
Postal Address \_\_\_\_\_ Postcode \_\_\_\_\_
Student Email \_\_\_\_\_

SECTION B Details of Enrolment

Table with columns: Office Use Only (DB, CRN), Unit Code, Theory, Practical, Unit Title. Contains 5 rows for unit enrolment details.

SECTION C Requirements due to a Temporary Medical Condition

This section must be completed by the Disability Advisor (refer to instructions on the reverse of this form)

Outline requirements:

.....
.....

Disability Advisor signature: ..... Name: ..... Date: .....

ENSURE YOU READ AND UNDERSTAND THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM

I declare that the information supplied herein is correct and complete and that the documentary evidence supporting this application is authentic. I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in a cancellation of my enrolment.

STUDENT'S SIGNATURE ..... DATE .....

Office Use Only
1 BANNER enrolment printed Y 2 Entered on s/sheet Y
3 Student notified via: PHONE & EMAIL [ ] LETTER [ ] Initial \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## SA – Application for Special Adjustment/s - Examinations

### When to complete the Application for Special Adjustment/s – Examinations (SA) form

The SA form is completed by:

1. Students requiring special adjustments due to an unexpected (recent) occurrence, which has caused a temporary medical condition, for example, a broken bone resulting from an accident.

**If you require special adjustment/s due to a permanent disability or a chronic medical condition you MUST make an appointment to register with the Disability Advisor (DA) within the first seven weeks of lectures.**

**DO NOT COMPLETE THIS FORM.**

### Application for Special Adjustments due to a temporary medical condition

- You must complete Sections A and B of this form.
- You must attach supporting documentation, that is, an original medical certificate, to this form.
- You will need to see a campus Disability Advisor who will assess your requirements and complete and sign Section C of this form.
- You must submit this form to the Student Centre as soon as possible and no later than 24 hours prior to the day of your exam. Note: if you are unable to submit this form by the deadline, you will be required to apply to sit a deferred exam.
- You will be provided with a letter of authority for the special adjustment/s not earlier than Lecture Week 11. IF YOU CHANGE YOUR ADDRESS you must email your new address details to [examinations@acu.edu.au](mailto:examinations@acu.edu.au) **and** change your address details on Student connect.
- If the letter of authority cannot be mailed due to time constraints, the TE&R Section will contact you via telephone and arrange for you to collect your letter from the Student Centre.
- You are required to present your letter of authority to the Examination Supervisor on arrival at the examination room.