

NUS EXAMINATIONS: APPLICATION FOR SPECIAL CONSIDERATION (RO.160 /08)

Name: _____ Faculty/School: _____

Student No.: _____ Course & Level: _____

NRIC/PP No.: _____ Contact No.: _____

Email: _____

ELIGIBILITY

A student whose performance in an examination has been affected by illness or other causes may apply for special consideration. Such causes may include:

- Debilitating illness or psychological condition – e.g., hospitalisation, serious injury, severe asthma, high fever, severe anxiety or depression.
- Bereavement in the immediate family – this normally refers to the loss of parent, grandparent, sibling, spouse or child.
- Serious trauma – e.g., victim of crime, accident or disaster (e.g. fire).

Ailments that do not affect adversely a student's performance in an examination – e.g., slight cold, sore throat or headaches – alone normally will not constitute sufficient reason for special consideration to be granted.

Notwithstanding the above, the University's decision on the causes to be taken into consideration shall be final.

Please sign the declaration in Part 2 and complete Part 3A (medical) or 3B (non-medical) as appropriate. The completed form should be submitted to your Home Faculty Dean's Office **by 1800 hours on 10 Dec 2008**. In case of queries, please contact the Registrar's Office at 6516 2304 or 6516 5013.

PART 1 – EXAMINATION(S) FOR WHICH SPECIAL CONSIDERATION IS SOUGHT:

Module Code	Module Title	Exam Date	Exam Time	Faculty Offering Module	Sat For Exam?
					Yes/No*
					Yes/No*
					Yes/No*
					Yes/No*
					Yes/No*
					Yes/No*

*delete as appropriate

PART 2 – STUDENT'S DECLARATION

I declare all information given on and/or attached to this form by me to be true and correct. I acknowledge that the University has the right to independently confirm the information provided and to vary or reverse any decision made regarding special consideration on the basis of incorrect or incomplete information. I hereby give consent for the University to obtain from my treating practitioner or any other person or entity any information the University deems relevant to my request for special consideration and agree to provide a more specific consent to disclosure of the information should this be required by the University or any third party. I understand that incomplete or unsupported applications will not be considered by the University. **I am aware that provision of false or misleading information will be grounds for disciplinary action.**

Signature of Student

Date (DD/MM/YY)

