UNIVERSITY OF SOUTHERN QUEENSLAND

APPLICATION FOR DEFERRED EXAMINATION

Assessment Office
Faculty of …..
University of Southern Queensland Toowoomba QLD
Australia 4350

Ph: 61 7 46312063
Email: cenrolq@usq.edu.au

A deferred examination is considered a significant concession to a student and will only be granted if a student makes a properly documented and timely application. Applications may be rejected if there is a reason to believe that the student is seeking an unfair advantage as might be suggested by a pattern of repeat deferred examination applications. An application may be checked for any previous history of deferred examination applications. Deferral of an existing Deferred or supplementary exam is not permitted

USQ Student Number

Personal Details

Name Title Family Name

Given Name/s

Mail Address Street/PO Box

Suburb/Town

State Postcode Country

Daytime Telephone Number **Mobile Number**

( )

Email Address

Course Code	Course Name	Exam Date	For Office Use Only	
			Approved Yes/No	Examiner's Signature

Reason for Application:

☐ Medical (*Complete checklist below*) ☐ Work-related ☐ Personal

Student's Application Checklist
(for applications for deferment for Medical reasons only)

Was the medical certificate obtained on or before the day of the scheduled exam? ☐ Yes

Does the medical certificate cover the day of exam? ☐ Yes

Has the Medical Practitioner placed their Provider's Stamp on the Certificate? ☐ Yes

Has the medical condition been specified or otherwise recorded in Accordance with USQ policy? ☐ Yes

Additional Information to be provided by the student

Have you sat for another examination during this exam period? ☐ Yes ☐ No

Have you applied for a deferred exam in any other exam period? ☐ Yes ☐ No

Comments:

Student's Declaration

1) I declare that I have read USQ Policy 3.8 Deferred and Supplementary Assessment (http://policy.usq.edu.au/portal/custom/detail/assessment/index.html#id52)
2) I declare that the information supplied on this Application, and in any documentation supporting it, is true and correct and I authorise the University of Southern Queensland to request further verification of my medical condition from the Medical Practitioner if deemed necessary

Student's Signature_____ Date _____

Please post the application and documentation to the Assessments Office of the Faculty offering the course (address at the top of this form) or deliver to your Faculty Administration office if you are on campus.

USQ collects personal information to assist the University in providing tertiary education and related ancillary services and to be able to contact you regarding enrolment, assessment and associated USQ services. The information may be made available to Commonwealth and State agencies and the ESOS Assurance Fund Manager pursuant to obligations under the Education Services for Overseas Students Act 2000 and National Code or other legislative requirements. Personal information will not be disclosed to third parties other than a USQ approved agent, partner or any organisation who provides sponsorship to you for your studies, without your consent unless required by law.