

Form checked, scanned, MAZE entered by: SAS-MEMBER

Name: _____ Date: _____

Request received: By student in person

By email

EXPLAINED ABSENCE and DEFERRED ASSESSMENT REQUEST

Submit your application in person or by email: studentservices@edithcowancollege.edu.au

This form is NOT for applications for a deferral of final exam:

To apply for a deferral of final exam I must submit the "Exam Deferral Sickness Claim" within 2 days of the exam date.

MY DETAILS

Student ID:		Date of Birth:	
Given Name(s):		Email Address:	
Family Name:		Telephone Number:	

REASON FOR MY ABSENCE

<input type="checkbox"/>	Medical (feeling sick/unwell)
<input type="checkbox"/>	Other
<input type="checkbox"/>	Extended absence (more than 4 consecutive days)

MY EVIDENCE and ATTACHMENTS

I attach the original Medical Certificate (*)
I attach my statement and relevant evidence
I have met with the ECC Student Counsellor. Date of meeting: Signature of Student Counsellor:

MY ABSENCE DETAILS

Unit code/name:	Dates absent:
Unit code/name:	Dates absent:
Unit code/name:	Dates absent:
Unit code/name:	Dates absent:

MY DEFERRED ASSESSMENT REQUEST

Deferred assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes >>>	Assessment name:	Assessment date:
Deferred assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes >>>	Assessment name:	Assessment date:
Deferred assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes >>>	Assessment name:	Assessment date:
Deferred assessment: <input type="checkbox"/> No <input type="checkbox"/> Yes >>>	Assessment name:	Assessment date:

MY RESPONSIBILITIES (applies to international and local students)

By ticking these boxes I declare that I understand my responsibilities.

<input type="checkbox"/>	I confirm I have requested a deferral of this assessment from my lecturer on or before the assessment date .
<input type="checkbox"/>	I understand the deadline to submit evidence to support my deferred assessment request is no later than 3 days after the assessment date .
<input type="checkbox"/>	(*) I attach an original Medical Certificate from a registered medical practitioner [as defined under the Health Practitioner Regulation National Law (WA) Act 2010], registered medical specialist or a hospital certificate.
<input type="checkbox"/>	(*) I confirm the Medical Certificate must follow the Australian Medical Association Guidelines for Medical Certificates and must contain: - name and address of medical practitioner issuing Certificate; - name of the patient; - date on which the examination took place; - date on which the certificate was issued; and - date(s) on which the patient is or was unfit for attendance
<input type="checkbox"/>	(*) Certificates will not be accepted from pharmacists, herbalists or other providers not registered with the Australian Medical Board.
<input type="checkbox"/>	(*) Certificates from online doctor services will not be accepted by ECC, I must have attended and been seen by the doctor, in person.
<input type="checkbox"/>	I have read and understand the following policies (www.edithcowancollege.edu.au/policies): <ul style="list-style-type: none"> • Enrolment Policy • FEE-HELP Review Procedure (students on FEE-HELP only) • Attendance Policy



Further Information is available at:

- Department of Home Affairs Assessment Factors and Simplified Streamlined Visa Processing Framework (SSVF) – www.homeaffairs.gov.au
- Overseas Students Ombudsman publications: www.ombudsman.gov.au/about/overseas-students/oso-publications#for_students
- ECC Policies - <http://www.edithcowancollege.edu.au/policies>

ECC contact details:

- ECC Student and Academic Services email: studentservices@edithcowancollege.edu.au
- ECC Student and Academic Services phone: +61 8 6279 1100

I further declare that all the information I have given in this form and all supporting documents I have provided are true and correct.	Signature:	
	Date:	

SHOW THIS SECTION TO YOUR LECTURER

As an ECC SAS team member I confirm I have checked the evidence provided and it meets ECC policy.	Signature:	
	Name:	
	Date:	