

ALTERNATIVE EXAMINATION TIME APPLICATION



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

Complete this form if you are unable to attend a scheduled examination. Please read the information and instructions below carefully before you complete the details.
Please write in BLOCK LETTERS using a black or blue pen.

IMPORTANT INFORMATION

1. ALL STUDENTS MUST BE AVAILABLE FOR THE FULL EXAMINATION PERIOD
2. Alternative examinations will only be approved for the following reasons:
 - a. **Medical or compassionate grounds**, such as confinement, surgery or illness – supporting documentation **MUST** be attached
 - b. **Military service** – supporting documentation **MUST** be attached
 - c. **Work commitments** beyond your control – a letter on company letterhead from your employer confirming this **MUST** be attached
 - d. **Competitive sporting events** at state/national/international level – a letter on company letterhead from the sporting body confirming this **MUST** be attached
 - e. **Weddings**, only in case of a close relative – a Statutory Declaration confirming your relationship **MUST** be attached
 - f. **Religious convictions** – a letter from a religious leader confirming this **MUST** be attached
 - g. **Other exceptional circumstances** (eg. jury duty, your exam timetable falls outside the timetabling guidelines)- a Statutory Declaration describing your circumstances **MUST** be attached
3. You must sit your alternative examination within the current examination period
4. You must complete a separate form for each Unit of Study in which you are requesting an alternative examination
5. The Examinations unit must receive your completed and Faculty approved form **at least 5 days prior to the commencement of the examination period**
6. Your application **will not be approved** unless it falls within one of the above categories or in exceptional circumstances beyond your control, **AND** you provide the relevant supporting documentation as described
7. Your application **will not be approved if you want to return home early**, except on compassionate grounds with supporting documentation. **Booking a plane/train/boat ticket for overseas or domestic travel is not considered an adequate reason for an alternative examination**

INSTRUCTIONS

1. Complete the details and the Statutory Declaration and have a person authorised to sign Statutory Declarations witness it
2. Submit this application along with your supporting documentation to the Faculty/School office or your Unit of Study lecturer for recommendation
3. Submit the completed and authorised form to a Student Service Centre at least 5 days prior to the commencement of the examination period
4. The Examinations office will notify you of the outcome of your application prior to the examination period

STATUTORY DECLARATION

I, (full name) _____ of (address): _____
_____ in the State of Victoria, do solemnly and sincerely declare:

THAT I will not disclose or source any information contained in the examination paper for the Unit of Study stated below, to or from any person whatsoever until all students have sat the required examination.

UNIT OF STUDY CODE: _____ UNIT OF STUDY TITLE: _____

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of the Parliament of Victoria rendering persons making false declaration punishable for wilful and corrupt perjury.

SIGNATURE OF DECLARANT: _____

DECLARED at _____ in the State of Victoria, this _____ day of _____ in the year 20 _____

and before me (print name), _____

SIGNATURE OF WITNESS: _____

PLEASE STAMP
(Person authorised to sign Statutory Declarations such as a Justice of the Peace, Solicitor, Police Officer or Pharmacist)

CONTACT	STUDENT SERVICE CENTRES	MAIL TO
Enquiries ASKVU www.vu.edu.au/askvu	City Flinders	Assessment & Completions Office
Phone +613 9919 6100	City King	St Albans Campus
Web www.vu.edu.au/students	City Queen	Victoria University
	Footscray Park	PO Box 14428
		Melbourne VIC 8001

PRIVACY INFORMATION: We collect and protect your personal information in accordance with our Privacy Policy (www.vu.edu.au/privacy).

PERSONAL DETAILS

FAMILY NAME: _____ STUDENT ID: _____

GIVEN NAME: _____

CONTACT DETAILS

STREET NUMBER AND NAME: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

COUNTRY: _____ PHONE: _____

COURSE DETAILS

COURSE NAME: _____

COURSE CODE: _____ LOCATION: _____ STUDY YEAR/PERIOD: _____

ARE YOU AN INTERNATIONAL STUDENT? NO YES

PLEASE NOTE: Have you changed your address? If so, please update your details on Student Connect or submit a Personal Details Amendment form

PLEASE ENSURE THE BELOW DETAILS ARE CORRECT AND WRITTEN IN BLOCK LETTERS

UNIT OF STUDY CODE: _____ UNIT OF STUDY TITLE: _____

SCHEDULED DATE AND SESSION OF EXAM: _____

REQUESTED DATE AND SESSION TO SIT EXAM: _____

REASON FOR REQUEST (you must supply supporting documentation):

- Medical or compassionate grounds
- Military service
- Work commitments
- Competitive sporting event
- Wedding
- Religious convictions
- Exceptional circumstances (please specify): _____

The Statutory Declaration on the reverse of this form has been completed and witnessed by a person authorised to sign such forms. I have attached the appropriate supporting documentation. I have read the instructions and the Privacy information on the reverse of this form and declare that the information supplied is true and correct.

STUDENT SIGNATURE: _____ DATE: _____ / _____ /20

UNIT OF STUDY LECTURER TO COMPLETE (PLEASE NOTE: Unit of Study lecturer must be available for the alternative exam time)Request meets acceptable criteria YES NO Alternative exam time is recommended YES NOSupporting documentation has been sighted YES NO I am available for the alternative exam time YES NO

COMMENTS: _____

LECTURER'S SIGNATURE: _____ DATE: _____ / _____ /20

LECTURER'S NAME (BLOCK LETTERS): _____ PHONE: _____

OFFICE USE ONLY	EXAMINATIONS PROCESSING	
	APPROVING OFFICER'S NAME:	APPLICATION APPROVED? (please circle) YES NO
	APPROVING OFFICER'S SIGNATURE:	LETTER SENT TO STUDENT ADVISING OUTCOME? (please circle) YES NO
	PHONE:	DATE:
	COMMENTS:	