

2023 Illness/Misadventure Application

Section A

[Student to complete]

Answer **all** fields in this form to support the consideration of your application.

1. Student details				
Student Name				
Student Number				
2. Did you have disability provisions for any of your exams?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you already submitted an application for any other exams?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If yes to question 3. above, list the other exams below:				
5. Details – Effect of illness/misadventure on exam performance				
Complete a separate row of new details for each exam (do not just copy the same comments):				
Date of exam	Name of exam <small>(e.g., English paper 1)</small>	Did you attend?	Describe the specific impact of the unexpected illness or misadventure on your exam performance?	What action did you take to report this (to the Presiding Officer, Doctor, relevant person e.g. police officer)?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		