

# ADVICE OF SCHEDULING DIFFICULTIES FOR CENTRALLY CONDUCTED EXAMINATIONS



1. STUDENT DETAILS	
Student ID:	Session:
Family Name:	First Name:
Are you registered with Accessibility Services or HELPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. SUBJECTS TO BE RESCHEDULED		
Subject Number	Subject Name	Exam Date & Time

**Note:** If your application is approved, your exam will be rescheduled to the alternative exam period. Students are expected to make themselves available during the alternative exam period as per [Student Rule 9.2.1](#).

3. ACCEPTABLE GROUNDS FOR SCHEDULING DIFFICULTY	
<i>Select reason:</i>	<i>Supporting documentation (MUST be attached to this application or your application will not be considered). Flight confirmation details must be attached for any domestic and international travels.</i>
<input type="checkbox"/> <b>Three (3) examinations in any 24-hour period</b>	
<input type="checkbox"/> <b>Circumstances related to COVID-19 and its impact (isolation/quarantine related to Covid-19)</b>	<input type="checkbox"/> <b>Professional Authority Form</b> OR Medical certificate showing admission to hospital OR Medical certificate from doctor that must provide details of condition including severity, duration and impact OR Commonwealth statutory declaration.
<input type="checkbox"/> <b>Medical/ Psychological</b>	<input type="checkbox"/> <b>Professional Authority Form</b> OR Medical certificate showing admission to hospital OR Medical certificate from doctor that must provide details of condition including severity, duration and impact OR Commonwealth statutory declaration.
<input type="checkbox"/> <b>Sporting or cultural commitment at state, national or international level</b>	<input type="checkbox"/> <b>Letter from the coach</b> on official organization letterhead stating the details of the sporting event, the date(s) which you are unavailable, and confirming that you are competing as a state, national or international representative.

<input type="checkbox"/> <b>Significant personal or family event (e.g. wedding)</b>	<input type="checkbox"/> Commonwealth statutory declaration and documentary evidence. If you are getting married or are a part of the wedding party – a letter from the Celebrant or Minister on official company letterhead confirming you are part of the wedding party and the date(s) of the wedding. <b>Invitations and letters from the bride/groom are not accepted.</b>
<input type="checkbox"/> <b>Loss or Bereavement</b>	<input type="checkbox"/> <b>Professional Authority Form</b> OR Formal letter on official letterhead from the funeral director confirming the date of the funeral and the relation to the student. A clipping from the newspaper is not sufficient.
<input type="checkbox"/> <b>Urgent Travel</b>	<input type="checkbox"/> Copy of your <b>airline ticket</b> and <b>flight confirmation details</b> with booking and flight dates clearly shown. Personal statement must state reason for travel and it's urgency e.g. illness of family member.
<input type="checkbox"/> <b>Observance of significant religious event</b>	<input type="checkbox"/> Letter on official letterhead from your Minister of religion, confirming your <b>ongoing commitment</b> to your religion and the nature of the religious commitment.
<input type="checkbox"/> <b>Significant, unavoidable work commitment</b>	<input type="checkbox"/> Letter on official company letterhead from your employer stating your position in the company, the nature of your commitment to the task, confirm that it is a <b>significant task outside the normal demands of your employment</b> and that it cannot be undertaken outside of the examination period.
<input type="checkbox"/> <b>Service Commitment (ADF reserve, SES)</b>	<input type="checkbox"/> Letter on official company letterhead from your employer <b>confirming your service commitment</b> and the dates/ duration which you are unavailable.
<input type="checkbox"/> <b>UTS Representative Commitment (UTS Elite Athlete)</b>	<input type="checkbox"/> Documentation that confirms the date(s) and your <b>participation in the event.</b>
<input type="checkbox"/> <b>UTS Placement (Clinical Placement, Teaching Placement)</b>	<input type="checkbox"/> <b>Screenshot</b> of all your clinical/teaching placements that will affect your centrally conducted exams and <b>confirmation of the dates of all your upcoming placements</b> in your personal statement. You must also contact SAU Examinations ( <a href="mailto:exams@uts.edu.au">exams@uts.edu.au</a> ) immediately if the dates of your clinical placements change. If your clinical placement is cancelled and you have already been allocated a new exam time, you will not be able to return to your original exam time.
<input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> Commonwealth statutory declaration OR Any other documentary evidence to support your application.

#### Supporting Documentation Requirements:

- Students are reminded that any documentation supplied may be checked for legitimacy.
- Disciplinary action will be taken if false or misleading information is supplied with any application.
- In all cases, the documentation must specifically state the dates concerned and the reason for your absence from the examination.



## About this form

### What is a scheduling difficulty?

A situation where, through circumstances beyond your control, you are unable to attend a centrally-conducted exam, and you are aware of this before the exam period.

A rescheduled examination is an examination prepared for students who have a scheduling difficulty.

### What are acceptable grounds for scheduling difficulties?

Refer to page 1 of the application form.

### What are unacceptable grounds for scheduling difficulties?

- Holiday arrangements;
- Sport and leisure activities where you are not a state or national representative;
- Personal events such as your 21st Birthday party;
- Travel arrangements other than for UTS approved overseas study;
- Normal demands of employment that are part of your role (we expect students to tell their employers about their examination commitments at the beginning of each session). This includes, but not limited to, irregular casual work, increased ordinary work commitments as a result of promotion or financial problems;
- Two exams in consecutive sessions and/or in two different locations;
- Routine family commitments such as birthdays or weddings for which you are not a member of the wedding party;
- UTS student clubs/society commitments (e.g. UTS debating team, UTS rowing club).

### What if I have a clash?

If you have a direct clash on your timetable (two centrally-conducted exams at the same time), you will automatically be rescheduled prior to the publication of the exam timetable. This does not include take-home exams and it is up to you to manage both exams within the availability window. The length of your availability window may vary according to your subject.

If you notice that there is still a direct clash on My Student Admin, please submit a scheduling difficulties application before the deadline.

Your centrally-conducted exams will take precedence over any faculty-based assessments (Rule 9.1.3). So if there are any clashes with a faculty-based assessment, please email your subject coordinator to make alternative arrangements.

### Submit your application on time.

Late applications for scheduling difficulties will not be considered unless there are extenuating circumstances (for which you can provide documentary evidence) that prevented you from applying prior to the deadline.

Late applications will be assessed on a case-by-case basis and UTS reserves the right to decline any late applications.

### What happens next?

Once your application is received by SAU Examinations & Assessments, your application will be assessed according to the UTS rules, policies and procedures. See: <http://www.gsu.uts.edu.au/rules/student/section-9.html>.

You will be contacted via email to your UTS student email of the outcome.

If your application is approved, your exam will be rescheduled within the Alternative Exam period.

Students are expected to make themselves available during this official examination period. Official examination periods are part of the officially designated teaching periods of the University. All students undertaking coursework subjects have a responsibility to make themselves available for assessment and examination during the official examination periods.

**PROFESSIONAL AUTHORITY SECTION**

To be completed by a registered medical practitioner, psychologist or counsellor for a student who was (or will be) forced to miss an examination because of illness or other circumstances beyond their control. Such causes include:

- serious illness or psychological condition
- loss or bereavement
- hardship/trauma

An application for Scheduling Difficulties must be supported by documentary evidence from an appropriate professional authority (a registered medical practitioner, psychologist, counsellor). Your help in providing information about the student's illness or misadventure is appreciated. This information will help the University make a fair and informed assessment about the student's application to reschedule their examination. The information you provide on this form will be used solely to assess this application.

PROFESSIONAL PRACTITIONER CERTIFICATE (to be completed by medical practitioner, psychologist, etc)

STUDENT NUMBER: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

Date/s of consultation: \_\_\_\_\_

Please indicate your evaluation of the severity, duration and effect on the student's ability to attend for classes, learn, retain and/or complete assessment requirements.

Specify period/duration (**mandatory**)

Severity (please tick the appropriate box)	✓	From	To
Totally unable to study			
Very severely affected			
Severely affected			
Moderately affected			
Slightly affected			
Unable to assess ( <i>this application will be automatically declined if you are unable to assess</i> )			

Remarks (**mandatory**): nature of illness, symptoms, restriction on capacity or functionality and other relevant information (Please provide as much information as possible and attach additional report or documentation if necessary)

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Practitioner Registration Number: \_\_\_\_\_ (if applicable)

Medicare Provider Number (or ACA/PACFA for counsellors): \_\_\_\_\_ (**mandatory for non-UTS practitioners**)

I authorise the University to contact me or my office to confirm authenticity of this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Stamp: \_\_\_\_\_