Aegrotat Application

- Read the attached "Learner Information" before completing your application.
- Complete sections 1-3 of this form. If you are unable to do so yourself, you may have a nominee do this.
- Attach supporting evidence on the relevant Ara form.
- Send or take the completed form to the Department Office. It must be received prior to the start of the assessment.

| Section 1: Lea | arner Details |
|-------------------|--|
| Family Name | First Names |
| Address | |
| | |
| | |
| | |
| | |
| Student ID | Date |
| Signature | |
| - | |
| Name and Relation | nship of nominee if this application is not completed by the applicant |
| | |

Section 2: Assessments to be Considered for an Aegrotat

| Examination / Test / Other | Course Title and Code | Tutor | Date of Assessment | Present at Assessment |
|-------------------------------|-----------------------|-------|-----------------------|--------------------------|
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| | | | | |
| | | | | |
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| | | | | |

| Department to Complete: I confirm that the above details are correct | | | | |
|--|--|-------|--|--|
| Staff Name | | Title | | |
| Signature | | Date | | |



Date Received by Dept. Office

Section 3: Reason for Application

Tick boxes as relevant and give reasons

- I will not be present at the above assessment/s
- My performance will be/was impaired during the above assessment/s
- I will not be able to complete the above assessment/s

because

Section 4: Alternative Assessment

(Department to complete)

I confirm that an alternative assessment or extension of time (to complete an assignment) is not possible for the assessment/s in this application

| ication, e.g. timeframe, wi | hat it involved. | I |
|-----------------------------|----------------------------|--|
| | ication, e.g. timeframe, w | ication, e.g. timeframe, what it involved. |

| Office Use Only | |
|-----------------|--|
| | Aegrotat entered in SMS |
| | Date application forwarded to Head of Department for consideration |
| | |

Information contained on this form will be used by Ara only for the purposes of this aegrotat application.