

Form checked, scanned, entered by: ECC Staff

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

Request received: By student in person

By email

## EXPLAINED ABSENCE and DEFERRED ASSESSMENT REQUEST

Submit your application in person or by email: [justask@ecc.edu.au](mailto:justask@ecc.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:	Assessment name:	Assessment date:
<input type="checkbox"/> No <input type="checkbox"/> Yes >>>		
Deferred assessment:	Assessment name:	Assessment date:
<input type="checkbox"/> No <input type="checkbox"/> Yes >>>		
Deferred assessment:	Assessment name:	Assessment date:
<input type="checkbox"/> No <input type="checkbox"/> Yes >>>		
Deferred assessment:	Assessment name:	Assessment date:
<input type="checkbox"/> No <input type="checkbox"/> Yes >>>		

## 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 <b>requested a deferral</b> of this assessment from my lecturer <b>on or before the assessment date</b> .
<input type="checkbox"/>	I understand the deadline to <b>submit evidence</b> to support my deferred assessment request is <b>no later than 3 days after the assessment date</b> .
<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 ( <a href="http://www.edithcowancollege.edu.au/policies">www.edithcowancollege.edu.au/policies</a> ): <ul style="list-style-type: none"> <li>• Enrolment Policy</li> <li>• FEE-HELP Review Procedure (students on FEE-HELP only)</li> <li>• Attendance Policy</li> </ul>



### Further Information is available at:

- Department of Home Affairs Assessment Factors and Simplified Streamlined Visa Processing Framework (SSVF) – [www.homeaffairs.gov.au](http://www.homeaffairs.gov.au)
- Overseas Students Ombudsman publications: [www.ombudsman.gov.au/about/overseas-students/oso-publications#for\\_students](http://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: [justask@ecc.edu.au](mailto:justask@ecc.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.	<b>Signature:</b>	
	<b>Date:</b>	

## 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.	<b>Signature:</b>	
	<b>Name:</b>	
	<b>Date:</b>	