MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

AEGROTAT/IMPAIRED PERFORMANCE CONSIDERATION: CRITICAL PERSONAL CIRCUMSTANCES

Consideration of this application does **not** guarantee a change of grade. More information can be found at: **www.massey.ac.nz/?aadd62500e**

Within two weeks of the assessment, complete and scan/upload this form via your **Student Homepage.** Adobe's free Reader program will allow you to save the form if you complete it on-screen. Include any supporting documents when you upload this application.

All information supplied on this form is confidential and only available to authorised University staff involved in the grade assessment process.

Student ID: | | | | | | | | |

Email: _____

First name(s): _____

Phone: _____

Surname: _____

Date of birth: D | | M | | Y | | | | |

Course number(s):	Assessment type:	Assessment date (day/month/year):	Assessment attempted:
	◯ Exam ◯ Test ◯ Other fixed-time compulsory event	/ /	◯ Yes ◯ No
	◯ Exam ◯ Test ◯ Other fixed-time compulsory event	/ /	◯ Yes ◯ No
	◯ Exam ◯ Test ◯ Other fixed-time compulsory event	/ /	◯ Yes ◯ No
	◯ Exam ◯ Test ◯ Other fixed-time compulsory event	/ /	◯ Yes ◯ No

Please describe the circumstances that led to you missing, not attempting or affecting your performance of your exam, test, or other compulsory, fixed-time assessment event(s):

_____

_____

_____

_____

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_____

DECLARATION

This form must be signed and dated in the presence of a Justice of the Peace (JP), Notary Public, or an authorised Department of the Courts or government agency staff member. For more information see **justiceofthepeace.org.nz**

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

I give my consent for any relevant details of sickness or personal circumstances to be divulged to the appropriate University authority:

Date signed: D | | M | | Y | | | | |

Signature: _____

WITNESSED BY

Name: _____

Signature: _____

Official stamp: