



Nature Care College

APPLICATION FOR DEFERRED EXAMS

Circumstances I can apply for a deferred Exam?	What evidence do I need?	Student Checklist	✓	Office Use	✓
• Illness or Incapacity	• A certificate from a registered practitioner	<i>I have completed and signed the form</i>	<input type="checkbox"/>	Authorised / Not Authorised	<input type="checkbox"/>
• Bereavement in the immediate family	• Medical declaration	<i>I have attached all relevant documentation</i>	<input type="checkbox"/>	Fee taken / Receipt given	<input type="checkbox"/>
• Hardship/Trauma	• Cessation certificate	<i>I have submitted the fee</i>	<input type="checkbox"/>	Confirmation Letter issued confirming exam date/time	<input type="checkbox"/>
• Victim of a crime	• Police Report			Date Confirmed	<input type="checkbox"/>

IMPORTANT

Students wishing to defer an exam must complete this form and return to the Records Coordinator with all relevant documentation, including a \$50 fee per exam which is refundable should your application be denied. **DATES FOR DEFERRED EXAMS ARE PRESET.**

On full completion of this form, your application will be assessed immediately by the Records Coordinator.

Personal Details:

Student No.....Name.....
 Address.....
 Telephone (day).....Telephone (eve).....
 Telephone (mb).....email address.....

Deferring:

Subject Name	Mid Term or Final	Term	Year	Lecturer Name:

Payment:

Enclosed:	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Credit Card <input type="checkbox"/>	AMT: \$.....
Debit My:	Bankcard <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Expiry Date/.....
Card Number:	_____ - _____ - _____ - _____			
Card Signature:	_____			
Receipt No:	_____			Date:

Consent:

I have read and understood the above criteria. I hereby authorise Nature Care College to contact any persons stated on my supporting documentation should the college deem such necessary action. I certify that the information supplied on the form is true and correct.

Student Signature..... Date.....

Authorised by: _____ (Records Coordinator) Date: _____

Rescheduled:

Date:	Time:	Room: