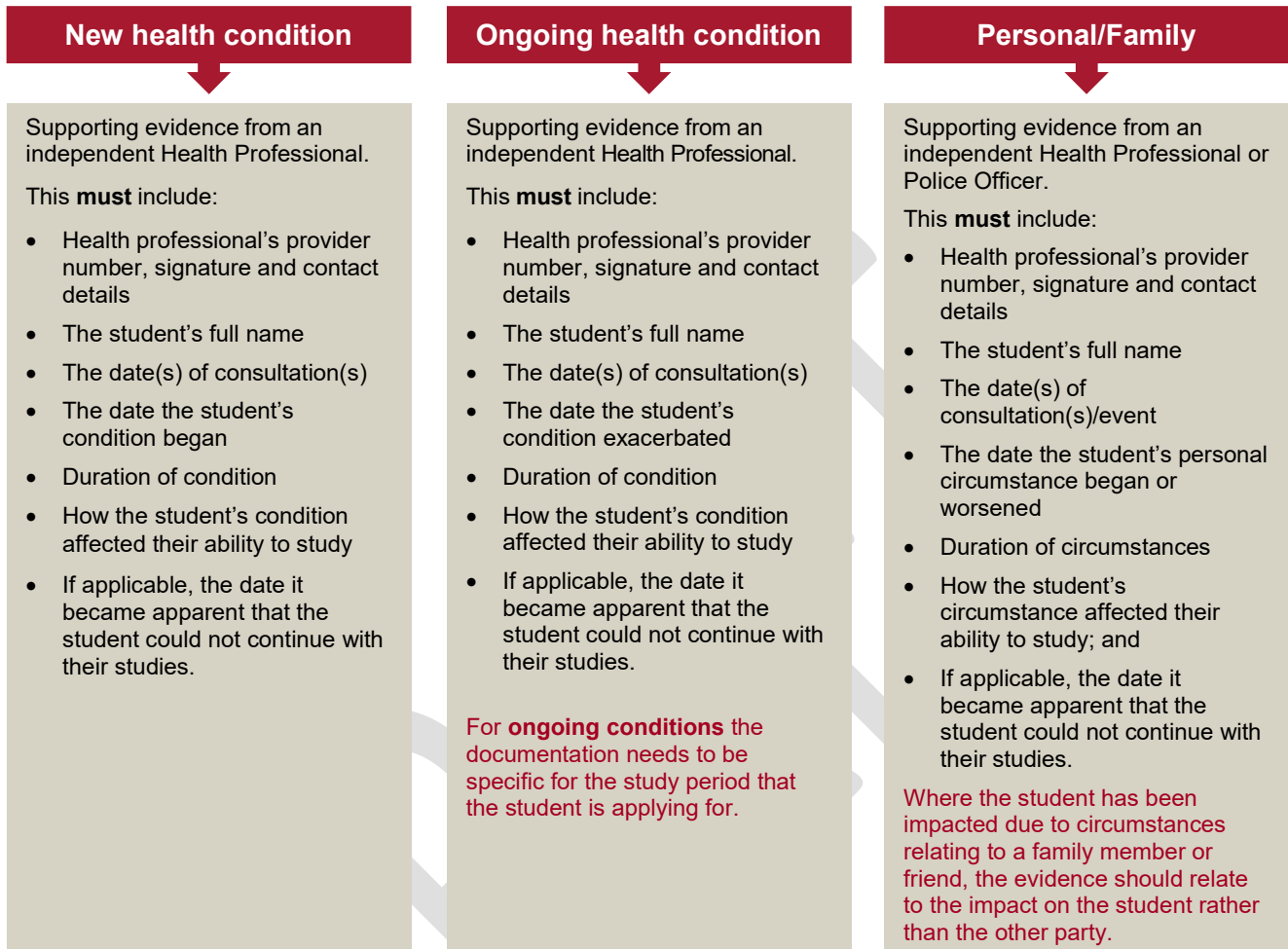


Supporting Documents: Guide for Health Professionals

To submit an application for withdrawal without penalty, a student must demonstrate that their circumstances made it *impractical* for them to complete their studies and have this documented by a registered independent health professional.

To help Macquarie University determine whether a student's circumstances made it impractical for them to complete their studies, the following types of evidence are accepted:



Supporting Documents

Should reflect the health professional's independent opinion of the student's ability to study and be based on the professional **a)** having met with the student at the time they were affected **or b)** having sufficient evidence to make a judgement retrospectively about impact during the study session. Any evidence which states "the student reports that" they were being affected by circumstances, in the absence of an independent professional opinion, does not constitute meaningful evidence for a claim.

For **limited ability to study** – professionals should include an opinion on:

- the student's capacity to study
- how many units may be reasonable for the student to undertake, if they are being recommended to reduce their study load; and
- why the student is/was able to complete some units and not others in the same study period if not requesting to withdraw from all units.

In addition to the above information a student may be required to demonstrate the following

Fit to Sit

Macquarie University operates under a **Fit to Sit model**. In sitting an exam, test or an assessment they have declared themselves *fit* to do so.

An application for withdrawal without penalty will only be considered where it can be demonstrated that the student was:

- unfit to make reasonable judgement on their fitness to undertake the assessment, due to mental illness or other exceptional circumstances; or
- taken ill during the assessment (in the case of an examination or test); or
- other exceptional circumstances beyond their control vitiated the Fit to Sit declaration.



Professional Authority Form (PAF)

PART 1. STUDENT DETAILS — STUDENT TO COMPLETE PRIOR TO CONSULTATION WITH HEALTH PROFESSIONAL

Your Macquarie student identification number

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Family Name: _____ First Name: _____ DOB: ____/____/____

I am applying for: [Special Consideration](#) [Withdrawal Without Academic and/or Financial Penalty](#)

I acknowledge that Macquarie University reserves the right to verify the authenticity of the documentation with my Health Professional and will conduct regular audits. I may be required to present an original hardcopy of documentation and I could be asked for this at any time up to 6 months from submission. I understand that if this documentation is alleged to be fraudulent, I may be referred for disciplinary action.

Student Signature

Student Signature

Date: DD / MM / YY

HEALTH PROFESSIONAL TO COMPLETE ALL FIELDS BELOW

PART 2. CATEGORY OF HEALTH CONDITION

Date of Consultation DD / MM / YYYY other consultation dates _____

I have consulted with *Student Name* and in my opinion, they have a:

Short-term health condition or incident OR Diagnosis of chronic or ongoing health condition OR Exacerbation of chronic or ongoing health condition

This impacted their study from: DD / MM / YYYY to: DD / MM / YYYY

Where the student is applying to **Withdraw Without Academic and/or Financial Penalty**, the date it became apparent that the student could not continue with their studies for the impacted unit(s): DD / MM / YYYY

PART 3. IMPACT OF CONDITION

Provide an evaluation of the **severity** and **impact** of the relevant circumstances on the student's ability to study. For the purposes of this form, study may refer to the student's ability to: **attend classes, professional experience placements, write, learn, retain knowledge, concentrate, sit for sustained periods** and/or **complete assessment task(s)/exam(s)**.

Health Professional's opinion regarding impact on student's capacity to study

Fit to study Limited ability to study Unfit to study Unable to assess impact

Please print a professional opinion on how the circumstances impacted on the student's ability to study.

* Where a student is applying to withdraw without penalty please provide an opinion on why the student is/was able to complete some units and not others in the same study period, if not requesting to withdraw from all units.

PART 4. VERIFICATION DETAILS

Professional's Name:

Provider or Registration Number:

Practice Email:

Stamp of Professional Authority

Health Professional Signature

Health Professional Signature

Date: DD / MM / YYYY