



APPLICATION FOR SPECIAL CONSIDERATION (RO.755/12)

Name: _____ Faculty/School: _____

Student No.: _____ Course & Level: _____

NRIC/FIN/Passport No.: _____ Contact No.: _____

Email (NUS): _____

ELIGIBILITY

A student whose performance has been affected by illness or other causes may apply for special consideration. Such causes may include:

- Debilitating illness or psychological condition – e.g., hospitalisation, serious injury, severe asthma, high fever, severe anxiety or depression.
- Bereavement in the immediate family – this normally refers to the loss of parent, grandparent, sibling, spouse or child.
- Serious trauma – e.g., victim of crime, accident or disaster (e.g. fire).

Ailments that do not affect adversely a student’s performance, e.g., slight cold, sore throat or headaches – alone normally will not constitute sufficient reason for special consideration.

Notwithstanding the above, the Board of Examiners will review each case and its decision on the causes to be taken into consideration shall be final. The submission of this application does not guarantee that an Incomplete (IC) grade will be granted.

Please sign the declaration in Part 2 and complete Part 3A (medical) or 3B (non-medical) as appropriate. Please submit the completed form to your home Faculty Dean’s Office by the deadline or the request will not be entertained. The deadline, which varies for each semester examination, is indicated in the Examination Directory (www.nus.edu.sg/registrar > Events > Examination > Examination Directory > Important deadlines on examination-related matters).

For enquiries, please contact the Registrar’s Office at examinations@nus.edu.sg.

PART 1 – MODULE(S) FOR WHICH SPECIAL CONSIDERATION IS SOUGHT:

Module Code	Module Title	Date of Assessment	Time of Assessment	Module Host Faculty

PART 2 – STUDENT’S DECLARATION

I declare all information given on and/or attached to this form by me to be true and correct. I acknowledge that the University has the right to independently confirm the information provided and to vary or reverse any decision made regarding special consideration on the basis of incorrect or incomplete information. I hereby give consent for the University to obtain from my treating practitioner or any other person or entity any information the University deems relevant to my request for special consideration and agree to provide a more specific consent to disclosure of the information should this be required by the University or any third party. I understand that incomplete or unsupported applications will not be considered by the University. **I am aware that provision of false or misleading information will be grounds for disciplinary action.**

Signature of Student

Date (DD/MM/YY)

PART 3A – APPLICATION BASED ON MEDICAL REASONS

This section must be completed by a medical practitioner registered with the Singapore Medical Council (SMC). **Please note that Traditional Chinese Medicine (TCM) practitioners are not registered with the SMC.** If you have consulted a doctor with the University Health Centre (UHC), this form will be forwarded directly to your home Faculty Dean’s Office by the UHC.

TO BE COMPLETED BY THE ATTENDING DOCTOR:

By completing this form, a separate medical certificate will not be necessary.

This is to certify that I have seen _____
(Name and NRIC/FIN/Passport No.)
on _____ (date) at _____ (time).

Please tick one of the following boxes:

He/She is diagnosed to be suffering from the following illness that would adversely affect his/her performance in an assessment from _____ (date) to _____ (date) and therefore should warrant special consideration:

(Please detail the nature and extent of the student’s medical condition and how it will affect his/her performance in the assessment. Your professional assessment is important to our deliberations, which must balance fairness to the student concerned and the integrity of the university assessment process.)

OR

He/She is diagnosed to be fit or suffering from an ailment for which special consideration is **not** warranted. Such ailments are understood to have no adverse impact on a student’s performance in an assessment and may include minor headaches/sore throat/cold, low grade fever, etc.

OR

I am unable to substantiate the student’s claim about his/her medical condition.

Message to Doctor:

As your judgment above is given to the University in confidence, please put this form in a sealed envelope before returning it to the student for submission. Please inform the student explicitly if he/she is fit or unfit to sit for his/her assessment. Thank you.

Name of Doctor: _____
Signature: _____
Date: _____

Doctor / Clinic’s Stamp:

PART 3B – APPLICATION BASED ON NON-MEDICAL REASONS

Please give the reasons for your application below together with supporting documentation, if applicable. Please use a separate sheet of paper if necessary.

