



APPLICATION FOR COMPASSIONATE /AEGROTAT PASS/SPECIAL EXAM

PERSONAL DETAIL

Student ID number:

Campus:

SAWENI:

SAMABULA: _____

LEVUKA:

LABASA:

First Name:

Middle Name:

Last Name:

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Date of Birth:

Postal Address:

Email:

Telephone/Mobile:

REQUEST DETAILS

I am applying for
(Please tick one box)

☐ **Compassionate Pass**
(COMP)

☐ **Aegrotat Pass**
(AEG)

☐ **Special Examination**
(SE)

I am applying for the following exams: _____

Specify Reasons for not sitting Exam: _____

[Please attach all supporting documents (medical certificate(s), death certificates, etc.) before submitting to the Examinations Office], incomplete applications will not be processed.

Student Signature: _____

Date: _____

TO BE COMPLETED BY EXAMINATIONS OFFICE

The student is required to sit the following examinations:

Course Code	Examination Date	Time	Lecturer/Course Coordinator

(School/Centre:SA/AC...)

Please process this application if the student's course work mark is B or its equivalent.

(Please tick)

☐ Approved ☐ COMP ☐ AEG ☐ SP

☐ Not Approved ☐ COMP ☐ AEG ☐ SP

Reason for not Approved: _____

Designation	Name	Signature	Date
Course Coordinator			
Head of Department			
Director/Dean of School			

Registrar: _____

Approved: ☐

Not Approved: ☐

Reason for not Approved: _____

TO BE COMPLETED BY THE MEDICAL OFFICER

I certify that I have this day examined the student named above and found evidence that he/she:

___ is suffering from a medical condition which prevents him/her performing at his/her

___ level; is/is not responsible for his/her disability.

Comments: _____

(Please attach separate sheet if space inadequate)

In my opinion:

- ☐ this student is unable to present himself/herself for the examination(s) at the time(s) and date(s) shown above; or
☐ this student's performance is likely to be seriously impaired by the illness/injury in the examination(s) at the time(s) and date(s) shown above or;
☐ this student is able to present himself/herself for the examination(s) at the time(s) and date(s) shown above and that his/her performance in these examination(s) is unlikely to be seriously impaired by his/her illness or injury.

Signature: _____

Date: _____ Medical Officer

(approved by the University of Fiji)

Notes:

- 1] Please take particular note of the requirements and state the nature of the illness or injury in sufficient detail and in a form suitable for submission, in case of doubt, to a medical referee.
- 2] The fee for any special examination will be paid by the student.

ASSESSMENT REGULATIONS: APPLICATION FOR AEGROTAT PASS

(Reproduced from the University's Charter and Regulations)

Application for Aegrotat Pass or Special Examination:

Candidates who are prevented from sitting the final examination through no fault of their own, or who consider that their performance in the final examination will be seriously impaired, may apply to the Registrar for consideration for the award of an aegrotat pass or to sit a special examination.

- a) Applications for an aegrotat pass and special examinations should be made on the prescribed form, as soon as possible and normally prior to the examination or examinations being held. The applications shall be supported by such evidence as the Registrar shall require.
- b) Application for Aegrotat Pass: Candidates who are prevented by illness or injury from presenting themselves at the final examination, or, who consider that their performance in the examination will be seriously impaired by illness or injury, may apply for an aegrotat pass.
 - i) An aegrotat pass is given with the approval of the Department Assessment Meeting under the condition that normally prior to the examination, the candidate furnishes to the Registrar a certificate (on the prescribed form) from a medical practitioner approved by the University, stating that the medical examiner examined the candidate on a certain date, that in the medical practitioner's opinion the candidate was unable through illness or injury to sit for the examination and that the candidate's performance in the examination was likely to have been seriously impaired by illness or injury, and specify the nature of the illness or injury in sufficient detail to make it clear that the candidate was not responsible for the said disability, and in a form suitable for submission in cases of doubt to a medical referee.
 - ii) that the candidate's lecturer certifies that the quality of the candidate's work in the relevant course or courses was in his/her opinion clearly worthy of a pass. 'Clearly worthy of a pass' in this context means having achieved in the coursework a mark equivalent to a grade of B or higher.
 - iii) that the quality of any work which the candidate has completed in the examination, including work in papers not affected by illness or injury, be taken into account.
 - iv) that the medical practitioner referred to above shall normally be a medical officer from the list of medical officers approved by the University.
 - v) the Senate shall consider cases where a candidate's coursework mark is lower than a grade of B (as required in clause 15(b) (ii) above) if this is recommended by the Department Assessment Meeting. In considering applications under this regulation it will also be permissible to take into consideration the effect of any illness or injury on the candidate's performance during the semester