

APPLICATION FOR AEGROTAT OR IMPAIRED PERFORMANCE CONSIDERATION

TO STUDENTS

General information about Aegrotat and Impaired Performance is available on the Massey University website at exams.massey.ac.nz. All information supplied on this form is confidential and only available to authorised University staff involved in the grade assessment process.

- Aegrotat / Impaired Performance consideration only applies for examinations or assessments occurring at a fixed time and place.
- Send completed applications to the address below:
Aegrotat / Impaired Performance
Examinations
Massey University
Private Bag 11222
Manawatu Mail Centre
Palmerston North 4442.

Mark the envelope "CONFIDENTIAL".

- You must consult a registered health professional within SEVEN (7) days of the assessment.
- You should normally apply only after the assessment has taken place, so it is possible to accurately assess the degree of impairment at the assessment.

NOTE: PART 2 OF THIS FORM MUST BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL

- In explaining the reason for your application, you may give as much detail as you wish. When assessing your application, the paper coordinator will need to know about the timing of illness etc, and how you believe it seriously impaired your performance.
- If you wish to confirm that your application has been received, please contact the University on 0800 MASSEY (0800 627 739) or contact@massey.ac.nz

NOTE: The consideration of an Aegrotat/Impaired Performance application does not guarantee a change of grade.

Applications must be made no later than 14 days after the assessment activity to which the application relates.

TO REGISTERED HEALTH PROFESSIONALS

In order to ensure fairness of treatment of Aegrotat and Impaired Performance applications between students who consult the University Students' Welfare Services, and students who consult private health professionals, Massey University has developed guidelines as follows:

- Massey University has authorised the registered health professionals listed immediately below to complete the health professional component of this application. Should you not be a member of one of these groups, it would be appreciated if you could inform the student so they can approach one of the registered health professionals listed.
 - ▼ Counsellors who are members of the New Zealand Association of Counsellors
 - ▼ Psychotherapists who are members of the New Zealand Association of Psychotherapists
 - ▼ Registered dentists and dental specialists

- ▼ Registered general practitioners
- ▼ Registered nurses
- ▼ Registered midwives
- ▼ Registered physiotherapists
- ▼ Registered psychologists
- ▼ Registered specialist medical practitioners
- ▼ Social workers who are members of the Aotearoa New Zealand Association of Social Workers.

- The criteria for an application to be made include illness, injury, bereavement or other critical personal circumstances. Critical personal circumstances are defined as circumstances which have a profound effect on the 'normal' functioning of the student. The effect will usually be in terms of ability to concentrate, to think clearly or be able to put aside strong emotion for the duration of the assessment or a significant proportion of the study period. Some examples of critical personal circumstances are provided with the regulations overleaf. Most importantly, these events should occur close to the assessment event. Critical personal circumstances which have occurred at some time removed (ie more than two weeks) from the assessment event should not normally be considered.
- Aegrotat or Impaired Performance consideration is only given when serious and exceptional circumstances apply proximal to an assessment event(s). Ongoing problems, conditions or situations do not usually provide support for an application, and circumstances of the student's own making, such as sleeping through an exam, or being exhausted because they studied all night prior to an exam, are not grounds for an application.
- The student must consult with a registered health professional within seven days of the onset of illness, injury, bereavement or other critical personal circumstances. It is important that you expedite your assessment of the student, complete Part 2 of this application on the next page, and return the form as quickly as possible to Massey University in the stamped envelope which the student has been asked to provide.
- The criterion for an Aegrotat application is that the student has been prevented, due to exceptional circumstances, from presenting themselves at examination(s) or assessment(s).
- Impaired Performance regulations apply when an assessment component is undertaken, but performance or preparation for it, has been seriously impaired.
- Your information needs to be presented in terms which will be understood by University teachers, who are not usually health professionals. As the documents may be seen by a number of different people, it is important to refrain from including very personal information in your statement.
- Supporting documentation, such as medical certificates, must be in English, or a suitable English translation attached.

TO STUDENTS ATTENDING THE UNIVERSITY HEALTH AND COUNSELLING SERVICES

The Student Health Counselling Service will advise you of this procedure.

AEGROTAT AND IMPAIRED PERFORMANCE REGULATIONS

Summary of Aegrotat and Impaired Performance Regulations

For full Aegrotat and Impaired Performance Regulations, please refer to the Assessment and Examination Regulations in the Massey University Calendar under the Statutes and Regulations section:
www.massey.ac.nz/?aa1911733s

You may only apply for Aegrotat/Impaired Performance for a learning experience, assessment, or examination activity if:

- ▼ The assessment was compulsory,
- ▼ The assessment is worth 10% or more of the total grade,
- ▼ The assessment occurs at a fixed time and place, as defined in the Paper Guide.

Aegrotat: When you are prevented from sitting the assessment altogether

Impaired Performance: When you sit the assessment but circumstances have impacted your ability to prepare or perform in the assessment.

You may apply on the grounds of an illness or injury, or of critical personal circumstances outside of your control.

- ▼ If applying on the grounds of illness or injury, Part II of the form **MUST** be completed by a registered health professional. An additional medical certificate may be attached.
- ▼ If applying on the grounds of critical personal circumstances, evidence of the circumstances **MUST** be provided, as well as Part II of the form completed to assess the impact of the circumstances on your performance for the assessment.

The health professional must have assessed you no later than SEVEN (7) days after the assessment date. Aegrotat/Impaired Performance applications **MUST** be submitted to the University no later than FOURTEEN (14) days after the learning assessment date.

You may not apply on the grounds of a long term illness, injury, disability, or learning impairment unless you are experiencing a temporary acute episode of the condition.

Aegrotat/Impaired Performance applications may only be appealed once in writing to the Academic Board or its delegate within FOUR (4) weeks of the release of the final grade for the paper. You should refer to the University Grievance Procedures published in the University Calendar.

EXAMPLES OF CRITICAL PERSONAL CIRCUMSTANCES INCLUDE, BUT ARE NOT LIMITED TO:

- ▼ The break-up of a long-standing relationship
- ▼ Sudden illness or injury to a close relative or friend
- ▼ Death of a significant person
- ▼ Being exposed to a fire, crime involving violence or loss, motor vehicle or other accident
- ▼ Having a close friend or family member arrested for a significant crime
- ▼ Witnessing a traumatic event such as injury to another person.

Such circumstances may all result in an impairment of functioning significant enough to substantially impact on performance in the assessment. Events which may impact significantly on exam or assessment preparation include, but are not limited to: loss of computer (with all notes) through damage or theft; having to spend substantial amount of time with ill or dying relatives or close friends; or significant family disruption such as parental divorce.

IMPORTANT NOTE

THE DEADLINE FOR SUBMISSION OF APPLICATIONS IS *NO LATER* THAN 14 DAYS AFTER THE ASSESSMENT ACTIVITY TO WHICH THE APPLICATION RELATES

AND

PART 2 OF THE FORM *MUST* BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL.

DO NOT SUBMIT THIS PAGE WITH THE FORM

Part 2
CONFIDENTIAL REPORT TO BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL

I was consulted by _____ on _____
and certify that on the day(s) of, or preceding, the academic examination(s) or assessment(s) the student suffered the following illness, injury, bereavement, or other critical personal circumstance:

Please indicate the level of impairment you assess the student to be suffering by ticking below, and additional notes if necessary. The more information you can provide that relates to the circumstances of the application – including how you see the impairment impacting on the student’s preparation for the assessment of their performance – the easier it will be for the University teacher to make an informed decision.

Degree of impairment (please note that more than one box may apply when the application spans multiple days)	Dates applicable (when the application refers to impairment over multiple days)
Very serious impairment, such that the student was unable to attempt and/or prepare for the assessment	<input type="radio"/>
Serious impairment, such that the student was probably unable to attempt or prepare adequately for the assessment	<input type="radio"/>
Moderate impairment, such that the student was able to attempt and prepare for the assessment, with substantial reduction in performance likely	<input type="radio"/>
Mild impairment, such that the student was able to attempt and prepare for the assessment, with some reduction in performance likely	<input type="radio"/>
Little or no impairment, such that the student was able to attempt and prepare for the assessment with performance minimally affected	<input type="radio"/>

Notes:

I am prepared to discuss the reasons with the appropriate University authority, or a referee.

Name: _____

Date: day month year
| | | | | | | |

Qualifications / membership of professional body:

Signature: _____

Street address: _____

Suburb: _____

Town/city: _____

Postcode: _____ Country: _____

PLEASE AFFIX YOUR COMPANY STAMP HERE IF YOU HAVE ONE

Part 1

TO BE COMPLETED BY THE APPLICANT

To: Aegrotat/Impaired performance, Examinations
Student Administration
Massey University, Private Bag 11 222, Manawātū Box Lobby,
Palmerston North

I wish to apply for aegrotat or Impaired Performance in the paper(s)
listed below, in accordance with the University Regulations printed
opposite.

MASSEY UNIVERSITY STUDENT ID NUMBER

--	--	--	--	--	--	--	--

Surname: _____

First name(s): _____

Street address: _____

Suburb: _____

Town/city: _____

Postcode: _____ Country: _____

AEGROTAT: Examinations or approved assessment NOT sat through illness, injury, bereavement, or other critical personal circumstances

Date	Time	Paper number	Paper name	Campus			Mode		
				Alby	Mwtu	Wlg	Dist	Block	Int
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IMPAIRED PERFORMANCE: Examinations or approved assessment for which Impaired Performance is claimed

Date	Time	Paper number	Paper name	Campus			Mode		
				Alby	Mwtu	Wlg	Dist	Block	Int
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My reason for this application is:

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

Signed: _____ Date: _____ day _____ month _____ year _____