GUIDANCE NOTES

This form is used for the purpose of assessing absences from compulsory classes (e.g. tutorial, practical).

This form must be accompanied by appropriate supporting documentation.

- Supporting documentation:
  - Absences on medical grounds
    This form must be accompanied by a medical certificate signed by a medical practitioner, registered nurse or Pharmacist no later than **five (5) calendar days after the missed class** and stating that the student was unfit to attend on the relevant day.
    The certificate cannot be from a near relative or close associate (Examples of near relatives are partner, child, brother, sister, or parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.)
  - Disability – SAPD and Supporting Statement (detailing current impact on assessment)
  - Exceptional circumstances
    This form must be accompanied by e.g. funeral notice, letter from sporting body, statutory declaration, and/or news link.

Non-permissible circumstances

Absentee will not be accepted where the School is not satisfied you took reasonable measures to avoid the circumstances that contributed to you missing a compulsory tutorial/workshop/practical/placement. The following are not grounds for approval:

- Holiday arrangements;
- Misreading time/date;
- Social and leisure events;
- Moving house;

HOW TO SUBMIT THIS FORM

1. Submit your application form electronically from your student email address to your course coordinator

2. You will be notified of the outcome of your application via your student email address.

   **Applications must be submitted within 5 calendar days of the relevant missed class**
1. Student Details

| Family Name: Click here to enter text. | Given Name: Click here to enter text. |
| Mobile Number: Click here to enter text. | Student ID: Click here to enter text. |

2. Course Information

| Code: | Title: |

3. Details of Tutorial/Practical/Workshop/Placement Missed

| Date: Click here to enter a date. | Time: Choose an item. |
| Tutorial/Practical/Workshop Number: Click here to enter text. |

4. Reason for Application

| Medical: ☐ | Medical Certificate attached: ☐ |
| From: Choose an item. | (refer to guidance notes) |
| Disability: ☐ | SAPD: ☐ |
| Exceptional Circumstances: ☐ | Supporting Documentation attached: ☐ |

5. Declarations (Please check)

- ☐ I declare the information provided is correct, complete and authentic.
- ☐ For an application on medical grounds, I confirm the medical practitioner is not a near relative or close associate of mine. I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in disciplinary action.
- ☐ I have read and understand the Guidance Notes on page 1 of this form.

6. Student Signature

- ☐ Ticking this box confirms you have read and “signed this document before sending it to HMNS Student Admin.