DISCONTINUE NOT TO COUNT AS FAILURE (DC) DUE TO ILLNESS OR MISADVENTURE APPLICATION FORM

Name: __________________________
Student Number: __________________________
Unikey: __________________________

HOW TO APPLY:

1. Submit the completed application form and supporting documentation to the Faculty of Arts and Social Sciences in person or via email to fass.appeals@sydney.edu.au from your university email address.
2. Ensure you are familiar with the Student Services Guidelines for Discontinue Not To Count as Failure due to Illness or Misadventure: http://sydney.edu.au/arts/current_students/discontinue_not_fail.shtml

CONDITIONS FOR APPROVAL:
Your application must satisfy ALL of the following criteria:

1. Include an attached statement and original or certified documentation
2. demonstrates you were not able to complete the unit of study for unforeseeable reasons
3. demonstrates circumstances beyond your control prevented you from withdrawing from/ discontinuing the unit(s) by the seventh week of the relevant semester
4. demonstrates circumstances beyond your control prevented you from using the Faculty’s established procedures for special consideration for illness or misadventure
5. provide documentation completed by a registered medical practitioner or counsellor (or other professional as applicable) which specifies the extent and period of impact on your ability to study appropriate to the period for which a DC grade is sought
6. demonstrates, in instances where a DC is sought for discrete units rather than all units in a semester, that there is a specific, documented impact in relation to the particular unit that distinguishes it from performance in other units of study successfully completed in the same semester

I wish to apply for DC grades for the following:

<table>
<thead>
<tr>
<th>UOS Code</th>
<th>UoS Name</th>
<th>Semester/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>eg ANTH1001</td>
<td>Cultural Difference: an introduction</td>
<td>2/2012</td>
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Student Consent:
I understand that my application for DC requires supporting documentation from a Registered Professional Authority. I am aware that the registered professional may be contacted to verify my application. I acknowledge that disciplinary action may be taken if I supply false or misleading information.

Signature: __________________________ Date: __________________________