

# Assessment Concession: Affected Performance



**MANUKAU  
INSTITUTE OF  
TECHNOLOGY**  
Te Whare Takiura o Manukau

This form is to be completed by a student when their preparation for, or performance in an examination or any summative assessment has been, or may be, seriously impaired due to circumstances beyond their control.

The form should be emailed to the person responsible for your Programme as soon as you are aware of the circumstances requiring you to apply for an Assessment Concession.

Some programmes, courses, or assessments may be subject to restrictions or limitations for Assessment Concession. Check your programme information before filling in this form.

Evidence must be attached. A list of suitable evidence is available on the [MIT website](#).

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## Student details

Student ID Number

First Name

Last Name

Preferred Name

Email

Phone

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## Reason for Assessment Concession application

Tick the boxes which apply to your situation:

- I am/was unable to prepare, attend, submit or do my best in an exam, test, or assessment due to illness, injury, bereavement or other critical circumstances
- I am/was unable to focus, concentrate, think clearly or put aside strong emotions for the period of the assessment
- I am/was affected by circumstances that I could not change, such as temporary disability, anxiety, illness, bereavement or other critical personal event
- Other: Please provide more details:

## Course Details

Programme

I am applying for an Assessment Concession for the following exams or assessment:

Course Name	Course Code / number (e.g. FSTU 3942 or 234.567)	Lecturer	Date of exam or assessment	Name of exam or assessment	Date I believe I can complete this assessment

## Statement of personal circumstances

Describe the personal circumstances that affected your ability to prepare adequately, or complete the assessment.

I am requesting one or more of the following due to circumstances beyond my control:

- Assessment assistance (e.g., extra time, rest breaks, assistive technology)\*.
- Extension of time to complete an assessment.
- Resubmission or further assessment (including resit) opportunities.
- Aegrotat pass (available in limited cases and based on strict eligibility criteria).
- Other adjustments approved by the delegated authority. Please provide details.

*\*If you are applying for assessment assistance, ensure your evidence shows how the condition impacts on your ability to complete the assessment or exam under normal conditions.*

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## Type of evidence

The evidence I am attaching is:

- Assessment Concession Health Professional form
  - Medical Certificate
  - Birth, death or court notice
  - Other evidence
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## Details about your supporting evidence

Who is the evidence from? (eg. Doctor nurse, counsellor, hospital)

Person or organisation full name

Person or organisation email

Person or organisation phone number

## Declaration

I declare that:

- The information I have provided is a true account of what happened.
- I have attached evidence to support this application.
- I give my consent for any relevant details to be shared with the appropriate MIT staff.

Date

Signature

*(You can use an electronic signature)*

When you have completed and signed this form, email (with the subject: Assessment Concession application) to the person responsible for your programme. (See list of relevant staff on the webpage.) Attach your evidence to the email.

## STAFF MEMBER TO COMPLETE

Outcome options: Approved/Pending/Declined

Course Name	Assessment name	Outcome	Reason	Due Date	Conditions