Disruption to Studies Notification Form

POSTGRADUATE COURSEWORK UNITS
THIS FORM IS FOR MACQUARIE APPLIED FINANCE CENTRE STUDENT USE ONLY

1. IMPORTANT PLEASE READ
1. For policy on Disruption to Studies please refer to MAFC Program Rules and Procedures at http://www.mafstudents.mq.edu.au/
2. Please be aware of the consequences of this new policy, and in particular that if your request for a supplementary exam is approved by the Director of Studies, any previous exam will be completely disregarded and will not be reviewed or marked for any reason. Upon approval you will be required to sit a supplementary exam at the time nominated by the Director of Studies.
3. Submission of this form must be made within five (5) working days from the commencement date of the disruption to studentexams@mafc.mq.edu.au.
4. Relevant supporting evidence must be submitted within five (5) working days of the submission of this form. For details on the requirements and type of supporting evidence: http://www.mq.edu.au/policy/docs/disruption_studies/schedule_evidence.html
5. Students’ must retain all original documents for the duration of a six (6) month period from submission and must supply original documents to the University within ten (10) working days of such a request being made.
6. For privacy statement, please refer to: http://www.mq.edu.au/privacy/privacy.html

2. PERSONAL DETAILS OF STUDENT
Student number: Family Name: Other Names:

3. UNITS FOR WHICH CONSIDERATION IS SOUGHT

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>Unit Name</th>
<th>Assessment Task</th>
<th>Assessment Date</th>
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Have you attended the exam for the unit? Yes [ ] No [ ]

4. STUDENT DECLARATION
I understand that this application cannot be considered until my supporting evidence is submitted.
I understand that I may be asked to present the original hard copies of my documentation to the Applied Finance Centre or to Campus Wellbeing.
I understand the provision of incorrect information may result in disciplinary action taken against me.

Student Signature: ___________________________ Date: ___________________________