THE UNIVERSITY OF WESTERN AUSTRALIA

EXCEPTIONAL VARIATION OF ASSESSMENT DECLARATION FORM

Student Details

Student Name: _____ **Student Number:** _____

Exceptional Variation of Assessment (EVA) is used where you experience exceptional circumstances, that are unforeseen, beyond your control and that have impacted your academic preparation or performance.

How to use this form:

Use this form if you are applying for EVA for grounds other than 'medical' or 'UniAccess registered'. For more information, the full schedule of Approved Exceptional Circumstances and Required Evidence is set out in Table 1 of the EVA Policy find more information https://uwa.au/eva

The following circumstances are not grounds for EVA; pre-arranged holiday travel or social events (such as birthdays), general sporting activities (unless UWA related or elite competitions), usual rostered work, volunteering, student's study load, misunderstanding/misreading of an examination timetable or assessment deadline, computer and/or IT (Information Technology).

The signed copy of this form must be uploaded as part of an online application for EVA.

Who can complete this form:

An authorised professional, whose profession is relevant to the circumstance being declared. This includes a UWA Staff Member, Religious or Cultural Leader, Police officer, Recognised Elite Athlete or Arts representative or team manager

Period during which student has been/will be impacted:

Start Date: _____

End Date: _____

Please indicate the grounds for an exceptional variation to assessment: (Please tick)

- ☐ Cultural or Religious reasons
- ☐ Elite Sport/ Art commitment
- ☐ Other
- ☐ Misadventure
- ☐ Health/Professional/ Legal committment

Additional Information

Based on your professional judgment, the information provided in this form will be used by assessors to provide appropriate support and equitable variations to the student's assessments. Please provide information on the impact of the student's circumstances, and their ability to prepare for or complete assessments.

Authorised Professional Details

Name: _____

Position Title: _____

Organisation: _____

Organisation Address: _____

Phone Number: _____

Email Address: _____

Declaration

I declare that I am not a family member and do not have a close or personal relationship with this student. I authorise The University of Western Australia to contact me or my office to confirm authenticity of this document.

Signature: _____

Date of issue: _____