



Australia's  
Global  
University

# REQUEST FOR REDUCE STUDY LOAD DUE TO ILLNESS OR MISADVENTURE – PROFESSIONAL AUTHORITY FORM

**TO THE PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION** - Your help in providing information regarding the student's illness (or other problem) is appreciated. This information will assist UNSW in the assessment of the student's application to reduce their study load.

**TO THE STUDENT** - When lodging your application, you must provide original or certified copies of all supporting documentation in person to *Student Development International*

Information **MUST** be provided by a professional authority (such as a doctor or psychologist) who then stamps and signs the form. **If they do not have the facility to stamp this form, a separate official certificate should be attached providing ALL information requested.**

Within the limits of confidentiality, this form and/or any certificate, must describe the nature and seriousness of the student's problem so that an assessment of the possible effects of the illness (or other problem) on ability to study a full time load.

**STUDENT'S NAME:**

\_\_\_\_\_

**STUDENT ID:**

\_\_\_\_\_

**DATE(S) ON WHICH STUDENT WAS SEEN:**

\_\_\_\_\_

**NATURE OF ILLNESS / MISADVENTURE**

Please indicate how this will effect the students ability to study a full time load. Attach additional statement if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE(S) OR PERIOD(S) OF ILLNESS OR MISADVENTURE:**

**FROM:**

\_\_\_\_\_

**TO:**

\_\_\_\_\_

**ASSESSMENT OF SEVERITY OF ILLNESS OR MISADVENTURE**

*Please tick as appropriate*

MILD

☐

MODERATE

☐

SEVERE

☐

**YOUR OPINION OF LIKELY EFFECT ON STUDENT'S CAPACITY TO UNDERTAKE A FULL TIME LOAD OF STUDY**

*Please tick as appropriate*

MILD

☐

MODERATE

☐

SEVERE

☐

**PROFESSIONAL AUTHORITY**

**NAME:**

\_\_\_\_\_

**PROFESSION:**

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

**STAMP**