

Application for Compassionate Consideration for Withdrawal or Transfer



Domestic and International Students

You may apply for Compassionate Consideration on a range of medical/psychological or compassionate grounds where you experience **significant, unexpected or extenuating circumstances** which prevent you from continuing all or part of your programme of study.

| | | | |
|----------------|----------------------|----------------|----------------------|
| Family Name | <input type="text"/> | Given names | <input type="text"/> |
| Student number | <input type="text"/> | Contact number | <input type="text"/> |
| Date of Birth | <input type="text"/> | Email address | <input type="text"/> |

Instructions

1 List the course/s for which you are seeking Compassionate Consideration (**Section A**).

2 Give the reason for your Compassionate Consideration (**Section B**).

Complete either:

- Part 1 for Medical Grounds; or
- Part 2 for Non-Medical Grounds

3 Sign the student declaration (**Section C**).

4 **Supporting Documentation:**

If applying on medical/psychological grounds you must ensure that, the Health Professional's Statement in section B (part 1) of this form is completed. If this form is submitted separately, it must be received no later than one month from the date of the application. The application will not be considered in its absence.

If applying on non-medical grounds other acceptable documents may include a death notice/certificate or police report. Certificates signed by family members or persons residing in the same household, as you are not acceptable.

All supporting documentation must be written in English or be accompanied by a certified English translation.

5 **Timeframe for Compassionate Consideration:**

Applications must be lodged within the current calendar year of the enrolment for which the Compassionate Consideration is being requested.

You will be advised in writing of the decision within ten working days of the date that all relevant documentation has been received. You have the right to appeal if you do not agree with the decision. The appeal must be made in writing within ten working days of the date of notification of the decision and addressed to the Chief Executive.

6 **Notes:**

A compassionate withdrawal will be assessed against *APP514 Withdrawals, Refunds and Compassionate Consideration policy*.

If a compassionate withdrawal is approved for the period between the last withdrawal date (LWD) and prior to the last 20% of the course, then an academic result of withdrawn (WD) will be given.

7 **Submitting the Completed Form:**

Email your completed form and supporting documents to CompassionateApplications@ara.ac.nz or deliver to room X125c (in an envelope addressed to Compassionate Applications, c/- Registry Manager).

Section A: Courses

Please complete the table below with a list of the course/s for which you are seeking a compassionate refund

| Course Code (e.g. ABCD100 08X) | Start Date | Finish Date | Last attendance date |
|-----------------------------------|------------|-------------|----------------------|
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- Please note that withdrawal from this course/these courses may affect your eligibility for benefits including loans, allowances and living costs. Please check with StudyLink for information.
- Any refund approved will be applied against any outstanding fees and any remainder will be refunded back to the original payer.

Section B: Medical or Health Grounds

Impact Assessment Statement by Registered Practitioner

Compassionate Consideration is made on the basis of evidence of severe illness, injury or accident which have **severely** affected your ability to continue to study. Severe impacts may include a serious illness or psychological condition.

Note: If your claim is based on medical or health grounds, the section below must be authorised for completion by you and then completed in full by a health professional. The application will not be considered if there is required detail missing. A medical certificate on its own is not sufficient.

Part 1 – Medical Grounds

I authorise my health professional to disclose personal health information to the Head of Department and/or the Registry Manager, of Ara Institute of Canterbury Ltd for the purpose of considering my application for compassionate consideration.

Signature of Student

Date

CONFIDENTIAL

Health Professional to Complete This Section

i.e. a New Zealand registered practitioner e.g. medical practitioner or psychologist

I, (name), a legally qualified Health Professional/Practitioner, examined

Student name

On (dates of consultation/s)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

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| <input type="text"/> |
| <input type="text"/> |

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| <input type="text"/> |
| <input type="text"/> |

And have determined that he/she is suffering from:

Health Professional/Practitioner

I advise that in my professional judgement the effect of the student’s condition on their ability to continue their study is:
Please indicate the impact of the student’s day to day condition has been:

| Impact Assessment | Tick | From (Date) | Until (Date) |
|----------------------|------|-------------|--------------|
| Minor Impact | | | |
| Moderate Impact | | | |
| Severe Impact | | | |
| Total incapacitation | | | |

Please indicate in the table the impact of the condition on the student’s capacity to study:

| Impact Description | From (Date) |
|---|-------------|
| Unable to continue to study during this calendar year | |
| Unable to continue to study during this semester (should be able to continue next semester) | |
| Able to continue study but with a reduced workload (i.e. should reduce number of classes taken) | |
| Able to continue study but may need some assistance or support from Ara | |



Health Professional’s Stamp

If the stamp above does not contain all of the following information, please complete as appropriate:

| | | | |
|----------------------------------|----------------------|------|----------------------|
| Health Professional’s name | <input type="text"/> | | |
| Address of Practice | <input type="text"/> | | |
| Signature of Health Professional | <input type="text"/> | | |
| Telephone | <input type="text"/> | Date | <input type="text"/> |

Part 2 – Non-Medical Grounds

Applicant to complete this section

You **must** provide a detailed statement of the reasons for this application, below and/or via attachment. Supporting documentation/evidence of the situation and impact of this circumstance on your ability to study **must** also be attached.

Confidentiality

Information supplied as part of this application will be treated in a confidential manner in accordance with the Privacy Act 1993. Information will not be placed on the student academic file, but will be stored centrally and managed by the Registry Manager.

Section C: Student Declaration

Documentary evidence in support of my application:

Is attached

Will follow (Documentary evidence must be submitted within one month from the date of the application)

I declare the information provided by me is true and correct in every detail. I acknowledge that Ara reserves the right to confirm the information provided and may vary or reverse any decision on the basis of incorrect or incomplete information.

I hereby authorise Ara to contact my treating practitioner and/or other person or organisation named in supporting documentation to confirm/clarify the information provided and for the practitioner or other person/organisation to provide information limited to its impact on my ability to complete my study.

Signature of Student

Date

Appendix 1: Grounds for Consideration of Compassionate Refund of Fees and Charges

- a An application on the grounds of severe illness, injury or accident
Evidence required:
- medical certificate, hospital notice; *or*
 - letter from a medical professional, stating student inability to continue studying
- Approved by Head of Department.*
- b An application on the grounds of transfer to another public tertiary education institution for genuine reasons (either relocation as in Section 2.1d, or significant change of circumstances which means the student is unable to continue studying at Ara)
Evidence required:
- Letter from student explaining reason; *or*
 - Evidence of enrolment at other institution
- Approved by Head of Department*
- c An application based on serious compassionate grounds
Evidence required:
- Letter from a medical professional, counsellor, Kaumatua or other professional person verifying students inability to continue study; *or*
 - Evidence of political, civil or natural event in home country which requires the student to return home
- Approved by Head of Department*
- d An application on grounds of relocating for reasons outside reasonable control, and unable to complete by distance delivery
Evidence required:
- Letter from employer or partner's employer; *or*
 - Letter from person/body appropriate to reasons other than employment
- Approved by Head of Department*
- e An application on grounds of changed employment circumstances (this is applicable to part-time students) who have had significant change to working hours prevailing attendance
Evidence required:
- Application setting out the effects of the changed employment; *or*
 - Consideration will be given as to whether the student could undertake the study at an alternative time, or by distance delivery
- Approved by Head of Department*
- f An application on grounds of immigration issues
Evidence required:
- Evidence from New Zealand Immigration Service detailing why a student visa will not be granted; *or*
 - Evidence from New Zealand Immigration Service detailing why an extension to visa will not be granted;
or
 - Evidence from New Zealand Immigration Service informing student of granting of Permanent Residency status.
- Approved by Head of Department*
- Note:** In the case of an international student being granted Permanent Residency the student may be refunded the difference between the International and Domestic fees for courses which start after the permanent residence status is obtained.
- g An application on grounds of death of a student
In the event of a student's death, the Registry Manager will consider an application for a refund on behalf of the estate.