

Affected Performance Consideration Student Form



This form is to be completed by a Unitec student when they were unable to prepare, attend, submit or do their best in an exam or assessment that awards marks towards the final grade, due to illness or other personal circumstances beyond their control.

Applying for an Affected Performance Consideration (APC) does not guarantee it will be granted.

This form must be submitted with:

- Proof of preparation or completed work, for example scanned documents, screenshots or photos.
- Evidence of the critical personal circumstances that impacted your study. A list of suitable evidence can be found on the Unitec website APC page.

Submit this form and supporting documents to tkk@unitec.ac.nz

For more information see the Unitec website [Extensions and Affected Performance Consideration \(APC\)](#).

Student details

Student ID number

First name

Last name

Email

Phone

Address

My address is correct in [MyStudent portal](#) ☐ Yes ☐ No

Reason for APC application

Due to personal circumstances beyond my control:

- ☐ I was unable to adequately prepare for an exam or assessment.
- ☐ I was unable to attend an exam or assessment on the day.
- ☐ I had to leave an exam or assessment early.
- ☐ I am/was unable to submit the assessment by the due date.
- ☐ I submitted on time or completed the exam or assessment but I was not able to do my best.

Course details

Programme

I am applying for Affected Performance Consideration (APC) for the following exams or assessments.

Course name	Course code / number (eg. FSTU 3942)	Lecturer	Date of exam or assessment	Name of exam or assessment	Date I believe I can complete this assessment

Assessment details

Explain what work you have completed so far for an assessment or what preparation you have done for an exam.

You are required to attach proof of preparation or completed work, for example scanned documents, screenshots or photos.

Statement of personal circumstances

Describe the personal circumstances that affected your ability to prepare or complete assessments or exams.

Type of evidence

The evidence I am attaching is (select one):

- ☐ Completed APC Health Professional form
- ☐ Medical certificate
- ☐ Birth, death or court notice
- ☐ Other evidence

Details about your supporting evidence

Who is the evidence from? (e.g. 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 will provide evidence to support this application.
- ☐ I give my consent for any relevant details to be shared with the appropriate Unitec staff.

Date

Signed