Special Consideration for Absence

While studying at Kingsway Institute, you may need to apply for special consideration.

- **Special Consideration** will be granted if an illness or serious circumstance beyond a student’s control prevents or affects their attendance or performance in a class or an exam.
- You need **supporting documentation** when you are absent from class at Kingsway Institute.

Kingsway Institute will only accept a **receipt for medicine** to cover a maximum of 2 hours per week of attendance. **For longer periods of absence, for example one day, you must provide a medical certificate from a registered doctor** if you are absent because of sickness.

If you are absent for another reason, you must still provide suitable evidence.

Application for consideration will only be assessed if you submit the correct supporting documentation. Please make sure that you provide appropriate and sufficient evidence which meets the requirements of Kingsway Institute. If you do not provide evidence, you will be marked as absent.

Speak with Sandy Shi, in the administration office if you have questions.

*Sample Medical Certificate:*

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**MEDICAL CERTIFICATE**

THIS IS TO CERTIFY THAT ON ..........................................................

I EXAMINED ..........................................................

..........................................................

WHO IN MY OPINION IS ..........................................................

WHO STATES THAT THEY WERE ..........................................................

SUFFERING FROM A PERSONAL ILLNESS ..........................................................

OR ..........................................................

..........................................................

AND WILL BE ..........................................................

UNFIT FOR WORK/SCHOOL ..........................................................

FROM ..........................................................

INCLUSIVE ..........................................................

OTHER COMMENTS (if necessary) ..........................................................

DOCTOR’S NAME ..........................................................

AND ADDRESS ..........................................................

PLEASE PRINT OR STAMP ..........................................................

S

RACGP HEALTH RECORD © 3014 ..........................................................

DELETE AS NECESSARY