

Complete this form if you were unable to sit your examination because you had to attend a funeral, then scan/upload it via your student home page smsportal.massey.ac.nz

Adobe's free Reader program will allow you to save the form if you complete it on-screen.

SECTION ONE: TO BE COMPLETED BY THE APPLICANT

Student ID: Address: _____

First name(s): _____

Surname: _____

Course number(s):	Assessment type:	Assessment date (day/month/year):	Assessment attempted:
	<input type="radio"/> Exam <input type="radio"/> Test <input type="radio"/> Other fixed-time compulsory event	/ /	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Exam <input type="radio"/> Test <input type="radio"/> Other fixed-time compulsory event	/ /	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Exam <input type="radio"/> Test <input type="radio"/> Other fixed-time compulsory event	/ /	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Exam <input type="radio"/> Test <input type="radio"/> Other fixed-time compulsory event	/ /	<input type="radio"/> Yes <input type="radio"/> No

I hereby solemnly declare that I attended the funeral of: _____

and that my relationship with the deceased was that of a: friend family member

I accept that I would come under the Massey University Disciplinary Regulations if I am found to be in breach of this declaration, AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at: _____

(Location)

Date signed: D M Y

Signed: _____

SECTION TWO: DECLARATION BY WITNESS

Where the applicant is a family member of the deceased, the witness should be the funeral director or person conducting the funeral and must not be an immediate family member of the applicant.

Where the applicant is not a family member of the deceased, the witness should be the funeral director or person conducting the funeral or a close family member of the deceased who also attended the funeral.

I, _____ of _____

(Surname or family name)

(First names)

(Address)

hereby solemnly declare that I conducted/attended the funeral of the above named deceased and can testify that the above statement given by the applicant is true and correct.

Relationship to the deceased: _____

Date signed: D M Y

Signature: _____