

UOW ADMINISTRATION

STATUTORY DECLARATION FOR ACADEMIC CONSIDERATION

STATUTORY DECLARATION

Oaths Act 1900 (NSW) – For statutory declarations in other states, please source your state's form online.

INSTRUCTIONS

Penalties for False Statutory Declarations

The *Oaths Act 1900* (NSW) provides that:

- If a person is convicted of an offence of making a statutory declaration knowing it to be untrue in some material particular in order to gain a material benefit, the person is liable for a penalty of up to 7 years imprisonment; or
- If a person is convicted of willfully and corruptly making a statutory declaration knowing it to be untrue in some material particular and the matter does not involve attempting to derive a material benefit, the person is liable for a penalty of up to 5 years imprisonment.

Who may witness a Statutory Declarations?

A statutory declaration under the *Oaths Act 1900* may only be made before:

- A Justice of the Peace;
- An Australian legal practitioner;
- A Notary Public; or
- Other specific office bearers as listed in the *Oaths Act 1900* (NSW).

Complete the details over page

STATUTORY DECLARATION
Oaths Act, 1900 (NSW)

Section 1 - Student making the declaration to complete

I (full name) _____, UOW Student Number _____,

Address _____ in the state of New South Wales,

Primary occupation _____

Regarding my application for academic consideration, submitted via SOLS on date _____.

Declare that:

My circumstances affected from: _____ To: _____

and affected my academic performance at the University of Wollongong in the Following manner (attach extra pages if required):

Other documents / Annexures (if attached): a) _____ b) _____

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900 (NSW)* **(Sign below in the presence of an approved witness: See over page for “Who may witness Statutory Declarations?”)**

Signature: _____ City where declaration was signed: _____

On Day _____ Month _____ Year _____

Section 2 – Authorised witness to complete

Before me – Full Name: _____

Signature: _____

JP or other Registration Number: _____

certify that:

1. I saw the face of the declarant/deponent OR I did not see the face of the declarant/deponent because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and
2. I have known the person for at least 12 months OR I confirmed the person’s identity with the following document / ID (eg. Driver’s license) _____