

APPLICATION TO RECEIVE ALTERNATIVE ARRANGEMENTS

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|---------------------------------------|---|------------------------|--|
| Student name: | | Student e-mail: | |
| Student ID: | | Phone: | |
| Programme Coordinator details: | | | |
| Reason for request: | | | |
| Support needed: | <input type="checkbox"/> Extra Time <input type="checkbox"/> Reader <input type="checkbox"/> Writer <input type="checkbox"/> Separate Room <input type="checkbox"/> Enlarged Format <input type="checkbox"/> Computer <input type="checkbox"/> Other (please state) | | |

| Date of test/ exam | Paper Code | Start Time | End Time | Arrangements |
|--------------------|------------|------------|----------|--------------|
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Student responsibilities:

- Check the details of each test to ensure all fields are completed correctly.
- Complete and return the application to receive alternative arrangements at least **two weeks prior** to each test or internal examination.
- Provide Disability and Wellbeing Support with your student e-mail address and check it regularly for finalised test arrangements.
- Late applications will only be accepted at the discretion of the Disability and Wellbeing Coordinator.

Signature of Student: _____

Date: _____

Return this application to Disability & Wellbeing Support, Room L143 Twist Library or disabilityhb@eit.ac.nz

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|---|--|--|--|
| Date of request: | | Received by: | |
| Documentation supports arrangements requested: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Application approved by Team Leader Information and Learning services | |