APPLICATION FOR ALTERNATIVE EXAMINATION ARRANGEMENTS

PLEASE NOTE
At least two weeks notice should be given when requesting Alternative Exam Arrangements. Please forward this application to Access4Success, Disability Service, Bdg180, Room 2054, or email to disabilitysupport@unitec.ac.nz

First Name ___________________________ Student ID ___________________________
Surname _____________________________ Phone _____________________________
Programme ___________________________ Mobile ___________________________
School _______________________________ Email ___________________________

☐ Extra Time ☐ Reader
☐ Separate Room ☐ Writer
☐ Enlarged Format ☐ Computer

* Please Note:
An additional time allowance of 10 to 15 minutes per hour is to be factored in to the start/finish times.
Reason for applying ________________________________________________

☐ Verification of Impairment held by Access4Success

Exam Details

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<tr>
<th>Date</th>
<th>Course</th>
<th>Start Time</th>
<th>Finish Time</th>
<th>Exam Venue</th>
<th>Tutor</th>
<th>Tutor’s Email/ Ext. No.</th>
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Signature of Applicant ___________________________ Date ________________
Signature of Academic Leader or Tutor ___________________________ Date ________________
Received at Access4Success on ________________________________

Access4Success
Contact: Tel +64 9 815 4321 ext 7871 email disabilitysupport@unitec.ac.nz