



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
- Separate Room
- Enlarged Format
- Reader
- Writer
- 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 Test

Date	Course	Start Time	Finish Time	Exam Venue	Tutor	Tutor's Email/ Ext. No.

Signature of Applicant _____ Date _____
Signature of Academic Leader or Tutor _____ Date _____
Received at Access4Success on _____