



# 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](mailto:disabilitysupport@unitec.ac.nz)

First Name \_\_\_\_\_ Student ID \_\_\_\_\_  
 Surname \_\_\_\_\_ Phone \_\_\_\_\_  
 Programme \_\_\_\_\_ Mobile \_\_\_\_\_  
 School \_\_\_\_\_ Email \_\_\_\_\_

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Extra Time      | <input type="checkbox"/> Reader   |
| <input type="checkbox"/> Separate Room   | <input type="checkbox"/> Writer   |
| <input type="checkbox"/> Enlarged Format | <input type="checkbox"/> 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

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 \_\_\_\_\_