

ALTERNATIVE EXAMINATION ARRANGEMENTS SUPPORTING MEDICAL DOCUMENTATION

To be eligible for consideration where your condition is pre-existing or forewarned, you must apply no later than nine weeks prior to the start of the relevant examination round.

Confidential report to support student application for alternative examination accommodations. If you have a specific learning disability, or require the use of a computer, contact the Examinations Office.

Section A (To be completed by the student)

Surname: _____

Forename: _____

Date of birth:

Day	Month	Year
_	_	_ _

Student ID: (if known)

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Section B (To be completed by registered medical practitioner)

Impairment/Disability/Medical Condition – Please explain how it may impact on examinations. Note: this information is confidential to examinations staff only.

This condition is permanent? Yes No

If yes, arrangements need to be reviewed on (date): _____

In order to give the student equitable exam conditions, please note your recommendations below:

Extra time – write down the amount of extra time to grant the student (10 minutes per hour of examination is the usual amount specified)

_____ minutes per hour

The extra time is to be used for:

Rest breaks* Writing** A mixture of both

* Rest breaks – if student has extreme fatigue, needs to stretch, move around, take toilet breaks, attend to personal needs, or feed a baby.

** Writing – if student is slowed down by format of question paper, thought processing is slowed, or method of answering is time-consuming e.g. only able to write very slowly, or if using a writer supervisor.

- A writer or reader-writer supervisor (extra time of 10 mins per hour of examination is granted automatically)
- Separate supervision, alone with supervisor
- Home supervision
- Small group supervision
- Large print question papers and dark lined answer books
- Medication or blood testing equipment on desk
- Food on desk
- Use of copy holder
- Parking close by exam room
- Use of ergonomic chair
- Use of footstool
- Seating near door/window
- Date or time change
- Other (please state) _____

Name: _____

Date: _____

Street address: _____

Suburb: _____

Town/city: _____

Membership of professional body: _____

Signature: _____

Stamp here:

Please use your official stamp on this document or quote your professional registration number

Please feel free to provide additional information on separate sheets.

Please return with your enrolment form or send to

**Assessment Services (Student Administration)
Massey University
Private Bag 11222
Manawatū Mail Centre
Palmerston North 4442**