

ADDITIONAL ASSISTANCE IN EXAMINATIONS

Massey University can provide assistance with a permanent impairment or other cooregnancy or OOS (Occupational Overus you may require additional assistance for extra time, please complete this form an Arrangements Supporting Medical Documentur to the address below. PERSONAL DETAILS Surname: Day Month Date of birth: Date of birth: Chone: Street address: Suburb:	ondition: se Syndr or your e d the Alt imentati	s such ome). I xamina ternativ on ove	as injury, If you bel ation, suc ye Exami r the pag	with your examinations: that s on
Town/city:				
Postcode: Counti MODE OF STUDY	y:			Please supply the completed ALTERNATIVE EXAMINATION
please tick)	Manawatū	Auckland	Wellington	ARRANGEMENTS SUPPORTING MEDICAL DOCUMENTATION form. A medical certificate is not sufficient. If you have a learning disability, please supply a formal learning assessment.
Internal only : Please select campus:	0	0	0	CONFIDENTIALITY Massey University undertakes to protect the confidentiality of personal
Distance Learning and Internal: Please select campus:	0 0		0	information which you provide as part of your enrolment, in accordance with the provisions of the Privacy Act 1993. The uses and protection of personal information are specified in the declaration which you sign on
Distance Learning/Block only.				your enrolment application. Day Month Year Date signed: Signature of applicant:

Please return to:

Online Learning Environment Massey University Private Bag 11222 Manawatū Mail Centre Palmerston North 4442

exams@massey.ac.nz



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 Assessment Services.

or require the u	se of a co	mputer, co	ntact Ass	essment :	Services.	,,
Section A (T	o be comp	oleted by th	ie studen	t)		
Surname:						
Forename:			.1			
	Day	Mo	nth	Y	'ear	_
Date of birth:					<u> </u>	
Student ID:						
Section B $(T$	o be comp	oleted by re	egistered	medical p	oractition	er)
Impairment/Disa may impact on e examinations st	examinatio					
This condition is	s permane	nt?			○ Yes	○ No
If no, arrangeme	ents need	to be revie	wed on (date):		
In order to give recommendatio		nt equitabl	e exam co	onditions,	please no	ote your

EXTRA TIME

Does the student require extra time in an examination situation? $\bigcirc \ \text{Yes} \bigcirc \ \text{N}$	lo
The extra time of 10 minutes per hour 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	
Please note any recommendations around extra time below:	
	_
	_
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, Online Learning Environment	

Manawatū Mail Centre Palmerston North 4442

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