

ALTERNATIVE EXAMINATION ARRANGEMENTS SUPPORTING MEDICAL DOCUMENTATION



UNIVERSITY OF NEW ZEALAND

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)

MASSEY STUDENT ID NUMBER (IF KNOWN)

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Surname: _____

First name(s): _____

DATE OF BIRTH

Day

--	--

 Month

--	--

 Year

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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: _____

Address: _____

Suburb: _____

Town/city: _____

Membership of professional body: _____

Signature: _____

Stamp here:

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

Please feel free to provide additional information on separate sheets.