

Application To Receive Alternative Arrangements For Tests And Internal Examinations

Applicant Details

Student ID:

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Name: _____

Email: _____ @student.otago.ac.nz

Phone/Mobile: _____

Test / Internal Examination Details

Please consult with a Student Advisor to ensure your eligibility before completing this section:

Paper Code	Date of Test	Start Time	End Time	Course Co-ordinator	Arrangements

If you have additional tests please complete and attach another application

Your Responsibilities

- Check the details of each test to ensure all fields are completed correctly.
- Complete and return the *Application to Receive Alternative Arrangements* **at least ten days** prior to each test or internal examination. Late applications will only be accepted at the discretion of Disability Information and Support and due to an accident, the onset of a new condition or worsening of an existing condition.
- Have read and understood the conditions set out in the *Alternative Arrangements for Tests and Internal Examinations - Code of Practice* and agree to abide by the guidelines.
- Provide DI&S with your student e-mail address and check it regularly for finalised test arrangements. If you redirect your e-mails to another provider please ensure the filters will allow access.

Signed (Student): _____ Date: _____

OFFICE USE ONLY

Date of request: _____ Received by: _____

Documentation supports arrangements requested: **Yes** **No**

Application approved by Learning Support Manager: **Yes** **No** N/A _____

Signed: (Student Advisor) _____