Application for Special Arrangements for Examinations due to a Learning or Physical Disability

Important Information

1. **You should complete this form if** you have clinical evidence of the following:

   (a) a Permanent Physical (including neurological) Disability which impairs your ability to write an examination;
   (b) a Specific Learning Disability;
   (c) a Temporary Physical Disability.

2. **This form must be received by the Assessment Office:**

   (a) no later than **THREE** weeks before the start of the examination period concerned for students with a Permanent Disability;
   (b) as soon as possible after receiving a temporary physical disability

3. **Completed forms must be returned to:**

   Student Administration counter, The Student Centre, Gate 5, Hillcrest Road, Hamilton, New Zealand.

4. **To complete your application you will need to:**

   (a) Complete page two of this form;
   (b) If this is a Temporary Arrangement please attach a completed Needs Assessment form from either the University’s Student Health Services, Doctor / Specialist or the University’s Disability Support Services
   (c) For Permanent Arrangements, the Assessment Office will retain your Needs Assessment form for future examinations.

5. **For further information or assistance contact:**

   The Assessment and Graduation Office, by phone: +64 7 838 4466 extension 8018, fax: +64 7 838 4539, or e-mail: exams@waikato.ac.nz.

   *Refer to the Assessment Regulations 13 and 14 in the University of Waikato Calendar.*
Application for Special Arrangements for Examinations due to a Learning or Physical Disability

- This form is **ONLY** to be completed for examinations in formally **EXAMINED PAPERS**.
- Special arrangements for all items of internal assessment should be made by contacting the Disability Support Office, phone: +64 7 838 4719
- Completed forms must be returned to the Student Centre, Gate 5, Hillcrest Rd, Hamilton, **THREE** weeks before the start of the examination period concerned.

---

**SECTION A (All students)**

Family Name: ___________________________________ Mr/Ms/Mrs/Miss/Other ________

First Names: ___________________________________ ID No: __________________________

Term Address: ___________________________________ Daytime Telephone: __________

_________________________________________________________ e-mail address: __________

---

I am applying for special arrangement assistance in the following Exam periods. Please tick the box(es).

- **Permanent Students only.**
  - [ ] All my University Exams

- **Temporary Students only.**
  - [ ] S Semester Exam period
  - [ ] A Semester Exam period
  - [ ] B Semester Exam period
  - [ ] T Semester Tests only

---

**DECLARATION**

- If, for some reason, I am unable to attend my examination I ______________________ agree to notify the Assessment Office at least 24 hours in advance.

- I understand that failure to notify the Assessment Office of my non-attendance could result in the arrangements made for me being withdrawn for future examination

Student Signature: ___________________________ Date: ___________________________