

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



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

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.
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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	
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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: _____