



APPLICATION FOR ALTERNATIVE EXAMINATION ARRANGEMENTS

PLEASE NOTE

At least **two weeks** notice should be given when requesting Alternative Exam Arrangements.
Please forward this application to Access4Success, Disability Service, Bdg180, Room 2054,
or email to **disabilitysupport@unitec.ac.nz**

First Name _____ Student ID _____
Surname _____ Phone _____
Programme _____ Mobile _____
School _____ Email _____

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Extra Time | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Separate Room | <input type="checkbox"/> Writer |
| <input type="checkbox"/> Enlarged Format | <input type="checkbox"/> Computer |

* Please Note:

An additional time allowance of 10 to 15 minutes per hour is to be factored in to the start/finish times.

Reason for applying _____

☐ Verification of Impairment held by Access4Success

☐ Exam ☐ Test

Date	Course	Start Time	Finish Time	Exam Venue	Tutor	Tutor's Email/ Ext. No.

Signature of Applicant _____ Date _____

Signature of Academic Leader or Tutor _____ Date _____

Received at Access4Success on _____