



**To be eligible for consideration where your condition is pre-existing or forewarned, you must apply no later than nine weeks prior to the start of the relevant examination round.**

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 Assessment Services.

**Section A** (To be completed by the student)

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Date of birth: 

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Student ID: 

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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.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This condition is permanent?  Yes  No

If no, arrangements need to be reviewed on (date): \_\_\_\_\_

In order to give the student equitable exam conditions, please note your recommendations below:

Does the student require extra time in an examination situation?  Yes  No

The extra time of 10 minutes per hour 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 supervisor (extra time of 10 mins per hour of examination is granted automatically)
- A reader-writer supervisor (extra time of 10 mins per hour of examination is granted automatically)
- Separate supervision, alone with supervisor (if at a venue)
- Small group supervision (if at a venue)
- Medication or blood testing equipment on desk (if at a venue)
- Food on desk (if at a venue)
- Use of ergonomic chair (if at a venue)
- Use of footstool (if at a venue)
- Seating near door/window (if at a venue)
- Other (please state):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Town/city: \_\_\_\_\_

Membership of professional body: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp here:

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

Please feel free to provide additional information on separate sheets.

Please return with your enrolment form or send to

**Assessment Services, Online Learning Environment  
Massey University Private Bag 11222  
Manawatū Mail Centre Palmerston North 4442**

**exams@massey.ac.nz**