Application to receive Alternative Test and Exam Arrangements – Form EG101-4

Student name		Student email	
Student ID		Phone	
Course (& tutors)			
Reason for request			
Support needed	☐Extra time	☐Reader	☐Writer	☐ Separate Room
	☐Computer	☐Other		

Date of test/exam	Paper Code	Start time	End time	Extra time	Total time	Notes

Student responsibilities

- Check the details of each test or exam and ensure **all** above fields are completed correctly.

- Complete and return the application with supporting documentation at least **two weeks prior** toeach test or exam. The Disability team can assist with the application process where required.

- Check your email regularly for finalised test and exam arrangements.

- Late applications will only be accepted at the discretion of the Student Support Coordinator.

Signature of Student _____ Date _____

Return this application to your local Disability Team or disabilityhb@eit.ac.nz

Date of request		Received by	Actions
Documentation supports arrangements requested	☐ Yes ☐ No	Application approved by Team Manager Library and Learning Services ☐ Yes ☐ No	☐ Added to active list ☐ Room booked ☐ Calendar invite