SPECIAL ARRANGEMENTS FOR EXAMINATIONS

Please read the following information before completing the form on the reverse.

Students with a medical condition of a temporary or permanent nature may apply for assistance to sit their written examinations. Please present this form to your Faculty Office, the Health Service, Counselling Centre or Disability Liaison Office who may approve arrangements on the basis of a medical condition. The completed form will be forwarded to the Examinations Office who will make the necessary arrangements for subjects officially scheduled on the final timetable. For subjects scheduled by Departments, including practical examinations, please approach your department directly for assistance, including the possibility of alternative assessment.

Conditions of Service:

- Forms should be updated annually, and re-submitted to the Examinations Office.
- Forms should be submitted as early as possible in order to avoid delays with the organisation of your arrangements.
- Students with existing conditions and requirements, should submit application forms at the commencement of the academic year.
- Students should also notify the Examinations Office of any amendments to their enrolment and any changes to personal details.
- Arrangements will be made according to the period of cover indicated on the form.
- Where extra time is not used as granted, the finishing time of the examination will be re-calculated.
- The Examinations Office will advise students of their arrangements in writing.
- Students are required to confirm their arrangements with the Examinations Office on the proforma provided with their correspondence.
- All special circumstance examinations will be held at the North Terrace Campus.
- Students permitted the use of computers should familiarise themselves with the equipment in the Napier Level 1 computing suites. All computer work will be printed and signed by the student, and handed to the supervisor.
- Room allocations will be confirmed at the designated venue approximately 30 minutes prior to the start of your examination.
- Students are to advise the Examinations Office of any cancellations.

PLEASE NOTE: Arrangements can only be made where specific instructions have been authorised by the relevant areas, and the completed form is submitted to the Examinations Office with sufficient notice before the examinations commence.

PRIVACY INFORMATION

The information supplied in this form will be used by the University (including the Examinations Office, and Departments) to facilitate examination arrangements. This information may include personal details.

DECLARATION

I declare that the information provided by me in this form is true, complete and correct to the best of my knowledge.

I fully understand that with the completion and signing of this application form I

- agree to carry out such instructions and abide by the Statutes, Regulations, Rules and such conditions as may be stipulated by the University in relation to my examination arrangements as a student of the University.
- consent to the release of the whole or part thereof of the information maintained by the University to relevant persons, departments or organisations within and outside the University for purposes related to my examinations directly or indirectly.

I fully understand that if any of the information provided by me in this form is subsequently found to be untrue, incomplete or incorrect, my application will become void.

EXAMINATIONS OFFICE

PLEASE COMPLETE DETAILS ON THE REVERSE
**ADELAIDE UNIVERSITY - SPECIAL ARRANGEMENTS FOR EXAMINATIONS**

**PLEASE PRINT THE FOLLOWING INFORMATION**

Student Name: ____________________________________  Id No: _____________________________

Address: _______________________________________________________________________________

Daytime telephone number: ___________________________  Course: _____________________________

**ENROLLED SUBJECTS FOR WHICH SPECIAL ARRANGEMENTS ARE REQUIRED**

(If insufficient room, please attach another application form with authorising signature)

<table>
<thead>
<tr>
<th>Term (S1,S2,FY)</th>
<th>Syllabus Code</th>
<th>Subject Description</th>
<th>(OFFICE DEPARTMENT)</th>
<th>USE ONLY</th>
<th>Exam details</th>
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If you agree to the conditions of service, including privacy details printed on the reverse, please sign and date this form.

STUDENT SIGNATURE: ________________________________  DATE: ____________________________

**THIS SECTION TO BE COMPLETED BY FACULTY/HEALTH SERVICE/COUNSELLING/DISABILITY STAFF**

Provide information where applicable and tick boxes to indicate selection.

1. EXTRA TIME FOR A WRITTEN EXAMINATION = _______________________________________
   EXTRA TIME FOR OTHER (specify reason) = _______________________________________

2. DURATION OF COVER IN THIS ACADEMIC YEAR:  (tick as appropriate)
   - [ ] ALL periods
   - [ ] Sem 1 only
   - [ ] July supps only
   - [ ] Sem 2 only
   - [ ] December supps only

3. SPECIAL PROVISIONS:
   - [ ] Computer
   - [ ] Enlarged paper
   - [ ] Wheelchair access
   - [ ] Medication
   - [ ] Dictionary
   - [ ] Bed rest
   - [ ] Exercise
   - [ ] Food/Snacks

4. VENUE REQUIREMENTS:  Small group  OR  Individual session

5. OTHER REQUIREMENTS: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

**AUTHORISED BY:** ______________________________________________  DATE: ____________________

Print & sign name

**Send this completed form to the Examinations Office without delay.**

**THIS SECTION TO BE COMPLETED BY EXAMINATIONS STAFF**

SIS _________  Database ___________  Letter/Phone _________  Copy to Dept ___________

SEE REVERSE FOR INSTRUCTIONS