



# Application Form for Alternative Assessment Arrangements; Examinations/Tests

**Please return completed form to Student Success Advisor no later than 10 (ten) days before the first assessment.**  
**This form can be prepared by a Student Success Advisor and provided to the Programme as evidence of learner's specific needs/requirements, so these are known.**

Learner ID:	
Name:	
Address	
Phone No:	Email:
Programme of Study	

Programme Code and Name	Date of assessment	Time of assessment	Programme Coordinator	Alternative Arrangements Required <i>(refer to list below)</i>

**LIST OF ALTERNATIVE ARRANGEMENTS** *(tick requirements)*

- Reader/Writer
- Computer
- Separate Room
- Enlarged Script
- Braille
- Special writing surface (e.g., sloping, write-board)
- Taped
- Special seating required (e.g., kneeling chair, gas-lift chair)
- Extra Time
- Other *(please specify)*



**ALTERNATIVE ARRANGEMENTS - Temporary / Permanent** *(please select one)*  
Supporting documentation held by Student Success verifies impairment is permanent.

Learner signature:

Date:

**DOCUMENTATION OF NEEDS - To be completed with all applications.**

Please describe your impairment / condition and how it affects your ability to perform the assessment / examination / test.

**Supporting Documentation Attached: Yes / No**  
*(Please Note: Must be on letterhead of the professional practitioner)*

**OR**



**Verification of Needs from:**

- Doctor or relevant health professional
- Audiologist
- Learning/Literacy/Reading-Writing e.g., Educational Psychologist, Psychologist, SPELD assessor
- Other professional as deemed relevant.
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**Please note:** Supporting evidence from relevant professional **MUST** clearly specify the alternative arrangements or equipment recommended and verification of why this is required.

**Name of Professional:**

**Address:**

**Signature:**

**Date:**

Stamp from practice or letterhead must be supplied as verification.



**Office use:**

Date request received: \_\_\_\_\_

Documentation of needs attached: Yes / No

Head of College Signature \_\_\_\_\_ Date

Student Success Advisor Signature \_\_\_\_\_ Date

**Approved / Declined**

**Reason for Decline:**



**Te Pūkenga**