Request for exam arrangements

Addressed to

Candidate

Full name

Date of birth

Student or candidate number

Programme or qualification

Institution

Exam session concerned

Telephone

E-mail address

Exams concerned

Exams, subjects and dates

Arrangements requested

- [ ] Extra time
- [ ] Computer or typing aid
- [ ] Separate or quiet room
- [ ] Deferral or replacement paper
- [ ] Extra breaks
- [ ] Reader, scribe or adapted paper
- [ ] Other arrangement

Details: time wanted, equipment, reason for the request

Supporting documents attached

- [ ] Medical certificate
- [ ] Statement from a competent service
- [ ] Other document

List of attachments

I request the arrangements ticked above for the exams listed. The information I have given is accurate; I understand that my request will be considered by the institution, which will tell me its decision.

Place

Date

Candidate's signature

Name in full