

## Reasonable Adjustments and Special Considerations Application Form

### Student Personal Details

Forename:	Surname:	Contact Email:
Programme:		

Type of Application: Reasonable Adjustments  Special Considerations   
 (Please tick a box):

Nature of Disability/Condition/Circumstance – Please explain why you are applying?

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Supporting Evidence (Please attach medical certificates, psychological reports, or any relevant documentation to support your application):

Attached:  Yes  No

Specific Adjustments Requested (e.g. extended time, separate room, use of computer, etc.):

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Examinations/Assessments Affected:

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### Declaration:

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information may lead to the rejection of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For Office Use Only:

Received By: \_\_\_\_\_ Date: // \_\_\_\_\_

Approved:  Yes  No

Reason (if not approved):

Signature of Approver: \_\_\_\_\_ Date: // \_\_\_\_\_