



## ALTERNATIVE EXAMINATION ARRANGEMENTS

Confidential

**PART A: to be completed by the student.  
PLEASE USE BLOCK LETTERS**

<b>STUDENT ID</b>
<b>FULL NAME</b>
<b>CONTACT PHONE NUMBER</b>

Alternative arrangements are made to allow students with a disability to sit their exams. Use this form to apply for alternative arrangements if:

- Your condition is temporary (this semester only)
- It is after week 11 of teaching

If you have a long-term or permanent condition, and it is before week 11, you must make an appointment to see a Disability Adviser at the Student Centre, to have a Learning Access Plan put in place. The Learning Access Plan will cover all aspects of your study, if necessary. **The arrangements put in place using this form are only for examinations, and only for the current semester.** They do not cover internal tests or assignments, and if you require arrangements for a subsequent semester, you must see a Disability Adviser. Phone 6226 2697 (Hobart) or 6324 3787 (Launceston and Cradle Coast) to make an appointment.

A list of arrangements we are able to provide using this form is in Part B. Please discuss the most appropriate arrangements with your medical adviser, and if you would like further details, please contact the Examinations Office on 6226 6282 (Hobart) or 6324 3609 (Launceston and Cradle Coast).

Applications for alternative arrangements must be submitted within **10 working days** of release of the timetable for Semesters 1 and 2, and within 5 working days for other semesters. **Please contact the Examinations Office first if you need to make arrangements at short notice.**

*I have read the information above. I hereby request the alternative examination arrangements as detailed in this application and give the University permission to discuss my condition with my medical practitioner.*

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**Please have your Medical Practitioner directly return this form to us by post or email. FORMS SUBMITTED BY STUDENTS WILL NOT BE ACCEPTED**

**Hobart**  
Examinations Officer, University of Tasmania  
Private Bag 47  
Hobart TAS 7001  
Email: [exams.office@utas.edu.au](mailto:exams.office@utas.edu.au)

**Launceston and Cradle Coast**  
Examinations Officer, University of Tasmania  
Locked Bag 1345  
Launceston TAS 7250  
Email: [exams.office@utas.edu.au](mailto:exams.office@utas.edu.au)

**Part B: To be completed by a medical practitioner**

Name of patient \_\_\_\_\_

Name of practitioner \_\_\_\_\_

Address and phone number of practice \_\_\_\_\_

\_\_\_\_\_

**General description of condition affecting exams (a separate report may be attached)**

\_\_\_\_\_

Is the disability of a permanent nature?                      Y            N

**Alternative arrangements required (please tick necessary boxes):**

*The options below are a guide; please attach other recommendations if relevant.*

**EXTRA TIME**

- Extra 15 minutes per hour writing time for written exams (where student's ability to write and/or concentrate has been affected through injury or medication). Time automatically added on to duration of exam.
- Resting time: up to 15 minutes per hour (where student needs to take a break to rest, stretch or go to the bathroom frequently). Breaks can be taken at any time. Student must not work on exam during break, and time taken as break is added to the finishing time of the exam.

**AIDS**

- Accessible venue (where mobility is restricted)
- Provision of ergonomic chair
- Permission to bring aids such as heat packs, cushions/pillows/lumbar supports, stress balls or therabands, etc (please specify which aid the student requires)
- Use of computer (may not be possible for practical exams, multiple choice exams, some language exams, and exams requiring written formulae or code)
- Provision of scribe or reader (we require two weeks' notice to make this arrangement)

**SPECIAL ALLOWANCES**

- Permission to stretch, move around and lie on floor during resting time
- Provision for frequent access to bathroom during resting time
- Consideration towards poor handwriting
- Access to medication
- Access to food and/or drink
- Provision that the supervisor be made aware of the student's condition: (supervisors' awareness can often benefit the student by acting quickly to dispel problems)

\_\_\_\_\_

**Medical Practitioner's Signature**

**Date**

**Do not hand this form back to the patient.** Please return the entire form within 3 working days of the medical examination to the address or email on the front of this form.