# Examination Access Arrangements

This form is for students applying for examination access arrangements, otherwise known as special exam conditions or exam adjustments.

* Please complete Section 1.
* Then make an appointment to see your tutor. Your tutor will discuss your request, complete Section 2 and then forward the form to the college nurse.
* The college nurse completes Section 3. She may ask you to make an appointment to discuss the proposed arrangements.
* Section 4 is completed by Dr Corinne Roughley, Deputy Senior Tutor (Welfare) who will send the completed form to the Tutorial Office.
* The Tutorial Office will notify you of the outcome from the relevant University body.

|  |
| --- |
| **Section 1.** *To be completed by the student* |
| Name | Course |
| Year of Study | Subject |
| Have you used examination access arrangements previously? | YES / NO | If yes please give details: |
| Arrangements requested for 2019-20 |
| I wish to request the above arrangements and agree that this information can be shared with the Tutorial team and my Director of Studies. Name: Signature:Date |

|  |
| --- |
| **Section 2.** *To be completed by the tutor* |
| Have you discussed the proposed arrangements with the student? | YES / NO |
| If the student has previously had examination access arrangementshave you discussed whether these were effective in relieving candidates of any disadvantage that may arise if the examination were conducted under standard conditions | YES / NO/NA |
| Do you support the proposed arrangements? | YES / NO |
| Name: Signature:Date: |

|  |
| --- |
| **Section 3.** *To be completed by the College nurse* |
| Have you seen appropriate supporting medical evidence? | YES / NO |
| Do you support the proposed arrangements? | YES / NO |
| Name: Signature:Date: |

|  |
| --- |
| **Section 4.** *To be completed by Dr Corinne Roughley, Deputy Senior Tutor (Welfare)* |
| Does the medical evidence / educational psychology report meet the current required standards? | YES / NO |
| College support for proposed arrangements? | YES / NO |
| Name: Signature:Date: |

*For Office Use only*

Request entered onto Camsis: