

Application form for Reasonable Adjustments

PART A:

Application

Request for Reasonable Adjustments should be approved by the Principal after recommendation from the Extenuating Circumstances Committee

Instructions

PLEASE USE BLACK INK TO COMPLETE AND SIGN THIS FORM

This application should be submitted in hard copy, accompanied by the appropriate evidence to the Admin Staffs.

You are also advised to keep a copy of the completed form for your own records.

Your Personal Details

Full Name	
Student Number	
Email	
Postal Address	

Your Programme of Study

Course of Study	
Enrolment Date	
Year of Study	

Details of Long Term Disability / Circumstance

Please provide a description of the difficulty that you believe will need Special Consideration and suggest a Reasonable Adjustments.

Documentary evidence

Please list all the documentation provided in support of your claim. The documentation should be stapled to this form. Medical claims should be supported by a medical certificate and other claims should be supported by appropriate documentation.

Any details of a confidential nature may be placed in a sealed envelope marked 'Confidential for the Principal' and securely attached to this form.

Evidences Provided:

1.

2.

3.

Your Signature

I declare that the information contained in this statement is accurate and completed to the best of my knowledge. I consent to the information being used by the committee and understand that the information will be treated in the strictest confidence.

*Please hand over the whole documents to the Principal.

Student Signature	Date:
*Signed and Received by	Date:

PART B:

Outcome of Application for Reasonable Adjustments

To the Student:

A decision will be made within 5 working days and you will be notified via email. However, we might require more time for further investigation and / or if more evidences are required.

For office use only

Signed: (The Principal)	Date: