### APPLICATION FOR INDIVIDUAL EXAM ARRANGEMENTS

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>First name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reg No:</td>
<td>Year of Study: Foundation /1 /2 /3 /4</td>
</tr>
<tr>
<td>Degree Scheme:</td>
<td></td>
</tr>
<tr>
<td>Location of Study:</td>
<td>Colchester Campus: ☐ Loughton Campus ☐ Southend Campus: ☐</td>
</tr>
</tbody>
</table>

**What is your condition?**

___________________________________________________________________________

**Is this condition:** persistent / likely to change (delete appropriately)

**Have you had arrangements for examinations in the past? What were these?**

- Extra Time ☐ How much per hour________________________
- Alternative Location ☐ Please give details ______________________
- Paper in Alternative Format ☐ Please give details ______________________
- Use of computer ☐ Scribe ☐ Please give details ______________________
- Other (give details)___________________________

**What examinations were these?________________**

Were arrangements appropriate? Yes / No

If you have not had arrangements before a member of the disability team will be able to advise you and make recommendations.

### DECLARATION

- I declare that the information I have given on this form is correct and complete to the best of my knowledge, and I understand that giving false information will disqualify my application.
- The University has a notification under the 1998 Data Protection Act and the personal data supplied on this form will be held in accordance with the requirements of the Act. The data will be held solely for the purposes of assessing your need for individual exam arrangements. Details will be passed to the Examinations Office in order for them to put the arrangements in place, and to departments where they organise internal exams.
- I give my consent to the University holding the personal data on this form for the purposes of assessing my need for individual exam arrangements, and to sharing information with the exams office, department and invigilator where it might be useful in an emergency.

Signed ____________________________ Date ____________________________

Please return this form to: Student Support at your campus or Student Services Hub, First Floor, Silberrad Student Centre, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ, as soon as possible. If you have any queries please contact: E: askthehub@essex.ac.uk

For **December/January examinations**: no later than **31 OCTOBER**

For **May/June examinations**: no later than **31 JANUARY**

Once arrangements have been approved these will be in place for the full academic year. You must also supply evidence of eligibility if you have not already done so.
FOR OFFICE USE ONLY – tick or circle relevant information

Reason for arrangements: ________________________________ Condition type: PERM / TEMP

Viable each year: Yes / No Evidence: Ed Psych / consultant / doctor / A of N / Sp teacher

Student seen: Yes / No Recommended by: ________________________________

INDIVIDUAL NEEDS SCREEN:

Extra Writing time (mins per hour) __________ Extra non writing time (mins per exam) __________

Amanuensis: ______ Needs computer: ______ Software needed: ______

Hardware needed: ______ Student’s own laptop ______

Special Paper: ______ Other notes for exams office or invigilator: ______

Electronic or Braille or Large Font (size) Script Note: Dyslexia/SpLD or Scribe

(standard SpLD) Supplementary booklet required for planning ______

Tick appropriately

Scheduling: ______ Location: ______ Furniture: ______

None consec days One exam per day Religious grds Sit near door Not main exam hall PC Lab Single Room

Cushion Footstool Large Desk Typist chair Wheelchair access

CMIS Category (circle one category):

<table>
<thead>
<tr>
<th>Code</th>
<th>Location</th>
<th>Time</th>
<th>Main Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO</td>
<td>Single Office</td>
<td>Any</td>
<td><strong>All single office requests</strong> – time options and additional info flagged in boxes and notes Includes PC in a single office. Includes wheelchair user in SO.</td>
</tr>
<tr>
<td>SC</td>
<td>Single Office</td>
<td>Any</td>
<td>Scribe or Reader - time options and additional info flagged on MIS Please specify if Reader only</td>
</tr>
<tr>
<td>PCX</td>
<td>PC Lab</td>
<td>PC + EWT</td>
<td>PC with extra writing time (+ 15m ph) PC with extra writing and extra non writing time (+ 15m ph and 30m per exam)</td>
</tr>
<tr>
<td>PC</td>
<td>PC Lab</td>
<td>PC + Normal time</td>
<td>PC Normal Time PC + extra non writing time (up to 30m per exam)</td>
</tr>
<tr>
<td>XT</td>
<td>Not Main Exam Hall</td>
<td>EWT EWT + ENWT</td>
<td>Extra writing time (+15 m ph) Extra writing time and extra non writing time (+15m ph and 30m per exam)</td>
</tr>
<tr>
<td>XNW</td>
<td>Not Main Exam Hall</td>
<td>ENWT only</td>
<td>Extra non writing time (+30m per exam)</td>
</tr>
<tr>
<td>EX</td>
<td>Not Main Exam Hall</td>
<td>normal time + 50% EWT or/and 50% ENWT</td>
<td>Extra writing time (+50% ph) (usually only visually impaired) Extra non writing time (+50%) Extra writing time and extra non writing time (+50%)</td>
</tr>
<tr>
<td>OTH</td>
<td>Not Main Exam Hall Or Main Exam Hall</td>
<td>Any</td>
<td>Mobility/ access difficulties, not in any of the above categories, just furniture or scheduling required Or just notes to the invigilator</td>
</tr>
</tbody>
</table>

Advice to invigilator:

Student has a hearing impairment and may not know when to stop writing or hear any instructions given verbally about the paper. Invigilators should be aware that they need to check that the student has heard and not accuse him/her of cheating if he/she does not stop writing.

Student may need to stand, stretch and move around during rest breaks.

Urgent access to the toilet may also be required (inc. during the beginning and end period of examination - the normal bar should not apply).

Student has permission to bring food and drink into the examination.

Other: