

Special Examination Arrangements and Support Form (Short-term Impairment)

Part A (to be completed by the student)

1. Details of the Student Requiring Special Arrangements			
First name		Course of Study	
Surname		Year of Study (PT or FT)	
Student Number		QUB e-mail	
Date of Birth		Contact number	
Details of the injury/condition and likely impact the temporary impairment will have on studies			
Anticipated length of time the condition/ impairment will impact academic studies			
Outline supports that may be helpful in relation to area of study i.e. access to lectures, examinations and assessments			
Where appropriate the school may seek guidance from the Disability and Wellbeing Service to consider your request and appropriate supports.			
Student Signature		Date	

This form should be submitted to the School office alongside supporting evidence where possible, noting the:

- temporary impairment,
- impact the temporary impairment will have on studies,
- likely length of time the impairment will last.