

# Exam Support Application

## Special Conditions for Exams

**Return to:**

Ability Resources - Learning Commons - Level 2 - T Block



Learningcommons@weltec.ac.nz



0800 935 832



www.weltec.ac.nz

**1 PERSONAL INFORMATION**

First or Given Name(s)

Surname or Family Name(s)

WelTec Student ID

Programme/ Course

**Contact Details**

Phone

Email

Impairment/disability documented evidence attached

Yes No Supplied **APPLICANT TO COMPLETE**

Signed

Date

**2 SPECIAL ASSESSMENT CONDITIONS**

I wish to apply for special assessment conditions for the following exams:

	Exam 1	Exam 2	Exam 3	Exam 4
Date/ Time				
Duration				
Paper ID				
Tutor Name				
Tutor Signature				
Assistance Required				
Special Instructions				

**OFFICE USE ONLY**

	Exam 1	Exam 2	Exam 3	Exam 4
Support Person				
Meeting Room				
Calendar				
Confirmation Sent				
Spreadsheet Updated				
Exam Received				
Exam Pack Completed				

 Approved

Signed

Date