



School (e.g. CLS)

**SPECIAL NEEDS STUDENTS –
APPLICATION FOR SPECIAL ARRANGEMENTS
DURING TESTS / EXAMINATIONS**

This form will take you 5 minutes to complete. The data provided to Singapore Polytechnic will be kept confidential and used for the purpose of this application only. Thank you.

Important Note to Student

1. This form should be submitted directly to the Director of your School.
2. Relevant supporting documents must be attached to the form e.g. Letter from SEAB stating the special arrangements accorded you during the GCE ‘O’ Level Examinations, recent medical report from a doctor stating your medical conditions and recommendations for special arrangements etc.

SECTION I - TO BE COMPLETED BY THE STUDENT

Name: _____

Adm No: _____ Contact Number: _____

Course: _____ Class: _____ (eg 1A01)

School: _____

I have the medical condition listed below and wish to apply for special arrangement during Test / Examinations for the current semester / entire duration of my study at SP (please delete accordingly).

Signature of Student: _____ Date: _____

SECTION II – TO BE COMPLETED BY DIRECTOR OF SCHOOL

Guidelines for Extra Time

- Less than 1 hour - extra 10 mins
- 1 h to less than 1.5 hr - extra 15 mins
- 1.5 hr to less than 2 hr - extra 25 mins
- 2 hr to less than 2.5 hr - extra 30 mins
- 2.5 hr to less than 3 hr - 40 mins
- 3 hrs & above - 45 mins

Recommendation by Lecturer / Officer in Charge

This application for special arrangement(s) is **SUPPORTED / NOT SUPPORTED***

Director of School

Date

SECTION III – COMMENTS BY EXAMS MANAGER

SECTION IV – TO BE COMPLETED BY SENIOR DIRECTOR SAAC

This application for special arrangement is **APPROVED / NOT APPROVED ***

Remarks (*if any*)

SD SAAC

Date

** Delete whichever is not applicable*