

Submit this form, together with relevant documentary evidence, directly to your School Director

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

Nam	e:		
Adm	No:	_ Contact Number:	
Cour	se:	Class:	(eg 1A01)
Scho	ol:		
I hav	e the medical condition listed belo	DW:	
		t (please tick on the relevant arrang rent semester / entire duration of m	
	Question Paper printed on A3 sized paper		
	Wheelchair assessable exam ve		
	Others – please state		
Signa	ature of Student:	Date:	

# <u>SECURITY CLASSIFICATION: OFFICIAL (CLOSED), SENSITIVE (HIGH)</u> <u>SECTION II – TO BE COMPLETED BY DIRECTOR OF SCHOOL</u>

#### 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 (please state recommended special arrangement)**

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

\* Delete whichever is not applicable

Date