Application for Variation to Exam Conditions

Family Name		Student ID	
First Name(s)		Semester	

Program Enrolled *(please circle)*	FSP	Dip BUS	Dip ENG	Dip IT

Date Of Birth		Daytime Telephone	

Student Signature		Date	………/………/20

Course Name / Code _____ Exam Date: _____ Time:_____	☐ Laptop _____ ☐ Seat Positioning _____ ☐ Movement During Exam _____ ☐ Different Exam Paper _____ ☐ Other (Please Specify) _____ _____	**OFFICE USE ONLY** **Approved** YES / NO Signed Date
Course Name / Code _____ Exam Date: _____ Time:_____	☐ Laptop _____ ☐ Seat Positioning _____ ☐ Movement During Exam _____ ☐ Different Exam Paper _____ ☐ Other (Please Specify) _____ _____	**Approved** YES / NO Signed Date
Course Name / Code _____ Exam Date: _____ Time:_____	☐ Laptop _____ ☐ Seat Positioning _____ ☐ Movement During Exam _____ ☐ Different Exam Paper _____ ☐ Other (Please Specify) _____ _____	**Approved** YES / NO Signed Date
Course Name / Code _____ Exam Date: _____ Time:_____	☐ Laptop _____ ☐ Seat Positioning _____ ☐ Movement During Exam _____ ☐ Different Exam Paper _____ ☐ Other (Please Specify) _____ _____	**Approved** YES / NO Signed Date
Course Name / Code _____ Exam Date: _____ Time:_____	☐ Laptop _____ ☐ Seat Positioning _____ ☐ Movement During Exam _____ ☐ Different Exam Paper _____ ☐ Other (Please Specify) _____ _____	**Approved** YES / NO Signed Date

PLEASE ATTACH SUPPORTING DOCUMENTATION

☐ **Medical** _____   ☐ **Other** _____