



**ALTERNATE EXAM ARRANGEMENTS – DISABILITY SUPPORT  
TEMPORARY SUPPORT REQUEST FORM**

Student Name:

Student Number:

Telephone:

UCD CONNECT E-Mail Address Please note that all correspondence will be sent to your UCD CONNECT ACCOUNT:

Exam Module Codes:

**TEMPORARY SUPPORT REQUEST**

- Monday, 23<sup>rd</sup> November 2009 at 2 pm is the closing date for receipt of temporary support request forms and accompanying documentation for the End of Semester II Examinations 2009/10. Emergency requests may be considered after this date with appropriate documentation.
- Temporary support is based on recent medical documentation only. A **current and relevant** medical certificate must be submitted.
- Should illness, injury or disability persist or in the event that a continuation of special supports is needed for further exam sessions, each student **MUST** register with the Disability Support Services- Level 1, Library Building PH: 716 7565
- Assessment will hold medical documentation for a period of 13 months after which time it will be destroyed. Students are, therefore, advised to retain a copy of their medical certificate.
- Students with an infectious illness cannot be accommodated in the AEADS Examination Centre.
- Please contact Elizabeth Pierce (PH: 716 1769) should you require further advice.

What is the medical reason for your request? e.g. Type 1 Diabetes- will need breaks for medication:

What support are you requesting? Please tick the requirement that would be most suitable for you:

- Amanuensis/Scribe\*
- Tape Recorded
- Computer
- Close to Bathrooms
- Alternate Exam Location
- Specialist Furniture (Please specify) \_\_\_\_\_
- Other (Please specify) \_\_\_\_\_

**PLEASE NOTE:**

- \*Amanuensis is granted based on the availability of Scribes. In the event that a Scribe is unavailable for a particular examination a tape recorder or computer will be necessary to record your examination.
- N.B. It is the responsibility of students who require temporary supports to contact their relevant Schools to notify them of their alternate examination arrangements.**

I certify that the details provided are true and complete.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**For Assessment Use Only**

Enquiry taken by

Date

1. Med Cert

2. Added to Banner

3. Prompt Run

4. Email Sent

5. Advised Centre

6. Notes

Please return completed forms to:

AEADS, Assessment, UCD Registry, Tierney Building, Belfield, Dublin 4

Phone: +353 1 716 1769 Fax: +353 1 716 1198 Email: [aeads@ucd.ie](mailto:aeads@ucd.ie)