UNIVERSITY CENTRE
south essex

Application For Adjusted Assessment For Students Studying Higher Education Programmes

Please refer to the Adjusted Assessment Policy prior to completing this form.

If you require any assistance in completing this form or have any queries please contact Ciaran Whatley the HE Disability Officer. Ciaran.Whatley@southessex.ac.uk

Student Please complete the top sections of the form and sign the Candidate declaration, then meet with your tutor to discuss. Once they have completed their section send to Ciaran Whatley the HE Disability Officer. Forms should be completed electronically.

Tutor Please complete the Tutor section confirming agreed adjustments per Module/unit including and adjustments and agreed dates of submission (no more than 14 days)

Disability Officer –Please sign to agree these are suitable adjustments in line with the students' needs assessment.

The form must be received to He Examinations at HEAdjustedAssessments@southessex.ac.uk this at least 14 days before the assessment deadline.

Student Name: _____

Student Number: _____

Programme: _____

Module / Unit Tutor: _____

Assessment/s for which you are requesting alternative arrangements:

Module / Unit code	Module / Unit title	Deadline date
Example. AB102	Research Project, A1: Proposal	01.02.2024

Please give the reasons for your application and a brief outline of any arrangements you require. This should include information regarding your disability, how it is impacting on your submission in the original format or deadline, the recommendations from your DSA Needs Assessment and what adjustments you would like to be put in place. Please note the Examinations Officer does not have access to your DSA Needs Assessment so this information should be clear and concise.

Candidate declaration:

I confirm that the information given on this form is accurate.

Date _____ **Signature** :_____

Tutor: Comments of support and agreed adaptations including relaxed word counts of up to 20%, relaxed presentation time of up to 50%, change to assessment type etc.

For office use only:

Application outcome:

Request supported by HE DO	Y / N Date _____	Signature :_____
Request supported by Tutor	Y / N Date _____	Signature:_____
Request agreed by HE Exams	Y / N Date _____	Signature:_____
Approval email sent	Y/N Date _____	