

Application For Adjusted Assessment For Students Studying Higher Education Programmes

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

Student Please complete the top sections of the form and sign the Candidate declaration, then bring this to discuss with your tutor

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

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 Assessment and what adjustments you would like to be put in place:

Candidate declaration:

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

Date _____ **Signature :** _____

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

Tutor: Comments of support and agreed adaptations including dates of extensions, typically two weeks

For office use only:

Application outcome:

Request supported by ALS	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	_____		