APPLICATION FOR SPECIAL EXAMINATION ARRANGEMENTS AT NTNU

DEADLINES: FEBRUARY 15th IN THE SPRING SEMESTER AND SEPTEMBER 15th IN THE AUTUMN SEMESTER

PERSONALIA:

Name: ________________________________________________________________

Address: __________________________________________________________________________________________

Postal code and area: ________________________________________________________________________________

(The response to your application will preferably be sent to your digital mailbox, or to the address stated above.)

Norwegian ID number (11 digits): _______________________________________________________________________

Student number: ___________________ Phone number: ________________________________

Campus: __________________________________________________________________________________________

Programme of study: __________________________________________________________________________________

REASONS FOR APPLYING:

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Applies all examinations: autumn 201_______ spring 201_______ entire length of your programme of study :________

First date of examination current semester: ____________________________________________________________

If the application applies to single courses, please fill in:

<table>
<thead>
<tr>
<th>Course code</th>
<th>Course name</th>
<th>Date of examination</th>
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I APPLY FOR THE FOLLOWING SPECIAL ARRANGEMENTS:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

YOU MUST PROVIDE APPROPRIATE DOCUMENTATION [CHOOSE AN OPTION]

- Applications due to dyslexia must be documented with a report from a speech therapist.
- Other needs must be documented by a doctor or other suitably qualified practitioners. Please use the form «Statement from doctor/specialist». (Form and guidance below.)

Documentation is attached to this application [ ]
Documentation has been previously submitted [ ]
Documentation will be forwarded [ ]

Documentation must be submitted within 1 mths. after the deadline, unless otherwise agreed.

I undertake to notify The Examinations Office if changes occur in the need for special arrangements, or if I am prevented from attending the exam.

Place/date Signature

Please send the application form and documentation to:

TRONDHEIM
Send to Examination office NTNU,
Postbox 8900,
NO-7491 Trondheim,
or submit by person to the Examinations Office
(Jonsvannsveien 82, 3rd floor).

GJØVIK
Send to NTNU in Gjøvik,
Postbox 191,
NO-2802 Gjøvik,
or submit by person to Studenttorget.

ALESUND
Send to NTNU in Ålesund
v/Postmottak,
Postbox 1517,
NO-6025 Ålesund
or submit by person in the reception, marked Postmottak.
STATEMENT FROM DOCTOR/SPECIALIST
ATTACHMENT TO APPLICATION FOR SPECIAL EXAMINATION ARRANGEMENTS AT NTNU

Information in this form is exempted from public disclosure according to the Freedom of Information Act §13 and the Public Administration Act §13 1st Subsection no. 1.

TO BE FILLED IN BY A DOCTOR/SPECIALIST:

Name of the patient: ________________________________________________________

Norwegian ID number: __________________________________________________________________________

Description of the disability (diagnosis/symptom/medication) and consequence for performance during the exam:

________________________________________________________________________

________________________________________________________________________

Does the disability/symptom/medication cause problems with:

• Written examination (yes/no): ________________________________________________
• Home examination (yes/no) ________________________________________________
• Oral examination (yes/no): ________________________________________________

Is the disability/symptom/need for medication

• Chronic (yes/no): ______________ assumed durability: ___________________________
• Season related/periodic (yes/no): ______ period: ______________________________

Special arrangements that might reduce the disadvantage caused by the disability during the examination:

________________________________________________________________________

________________________________________________________________________

This statement is valid until (month-year): ______________________________________

Place and date ___________________________ Signature and stamp ___________________________
DOCUMENTATION REQUIREMENTS FOR APPLICATION FOR SPECIAL EXAMINATION ARRANGEMENTS

THE PURPOSE OF SPECIAL EXAMINATION ARRANGEMENTS

The purpose of special arrangements is to compensate for the disadvantage that the disability/health problem causes during examinations. At the same time, we aim to test every student equally. The documented disability must therefore be remedied with compensatory measures, without providing an advantage over other students.

REQUIREMENTS FOR CONTENTS OF DOCUMENTATION

- The documentation must distinctively clarify the disadvantage caused by the disability/health problem during examinations. A diagnosis does not automatically lead to rights to special arrangements. When it comes to for example allergies, diabetes, migraine and epilepsy, we only grant special examination arrangements for students who can document that they are indisposed to the extent that they have an actual disadvantage without special arrangements during the exam.

- The documentation must clarify if the need for special arrangements is immediate (temporary) or permanent, and indicate the expected duration.

- The documentation should provide enough information to give us a ground for comparison between applications from students with similar needs for special arrangements.

- NTNU prefers that a doctor, or other suitably qualified practitioners, use this form as documentation, but we also accept other statements. If you choose to use other statements, please ensure that it contains information equivalent to the information demanded in this form.

- Applications due to dyslexia must be documented with a report from a speech therapist (or equivalent), not with a medical certificate.

GENERALY

- The documentation must include both a stamp and signature from the doctor/health care institution.
- The student him/herself must enclose the documentation with the application, and thereby consent that the required health information is given.

Both application and documentation is processed confidentially; and information filed exempt from public disclosure.