

**Academic Accommodations Form C**

*(To be completed by the Head of the Student Support Services / Access Office of the university attended by the candidate)*

**Candidate/student's name (printed):**

**Head of Department Name:**

**University:**

1. What is the specific disability that required special accommodations?
  
2. At what point of their program was the candidate first provided accommodations?
  
3. Was there a subsequent review process to assess continuing need for testing accommodations?
  
4. What testing accommodations were provided?
  - a) Multiple Choice Examinations:
  
  - b) Practical or Clinical Examinations:

I confirm that all the information on this form is true and correct. I am aware that the information contained herein may be reviewed by a third-party such as a psycho-educational consultant in order to determine appropriate accommodations.

Head of department name (printed):
Title:
Signature:
E-mail address:
Telephone number:
Date: