

# REASONABLE ADJUSTMENT APLICATION FORM

# HOW TO APPLY

Students with a diagnosed disability or debilitating medical condition, which may impact their studies, can apply for a reasonable adjustment by submitting this form.

Students must apply for a reasonable adjustment at the earliest opportunity after enrolment or as soon as the condition is diagnosed to ensure reasonable adjustment can be made within required timeframes. For more information, please refer to the Assessment Policy available at IGI's website <u>Assessment Policy</u> (iqi.edu.au)

| STUDENT DETAILS |              |                  |
|-----------------|--------------|------------------|
| Student ID:     | Family Name: | -                |
| Given Name(s):  |              | _ Date of Birth: |
| Address:        |              |                  |
| Phone:          | _ E-mail:    | _                |

# REASON FOR REASONABLE ADJUSTMENT REQUEST

#### REASONABLE ADJUSTMENT REQUESTED

### EVIDENCE

Medical certificate and/or support documentation provided? □ Yes □ No

#### **STUDENT DECLARATION**

 $\Box$  I declare that the information provided by me on this form is true and correct.

□ I have read and understood the Assessment Policy.

Student's Signature: \_\_\_\_

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

| IGI USE ONLY                  |                |       |                           |       |  |  |
|-------------------------------|----------------|-------|---------------------------|-------|--|--|
| REASONABLE ADJUSTMENT REQUEST |                |       |                           |       |  |  |
| Approved:                     | □ Yes          | □ No  |                           |       |  |  |
| Notes:                        |                |       |                           |       |  |  |
|                               |                |       |                           |       |  |  |
|                               |                |       |                           |       |  |  |
|                               |                |       |                           |       |  |  |
| Approved By:                  |                |       |                           |       |  |  |
| Name                          |                |       | Position:                 |       |  |  |
| Signature:                    |                |       | Date:                     |       |  |  |
| Student advis                 | ed in writing: | □ YES | Recorded on student file: | □ YES |  |  |