



Personal Details

Reference No: _____

Student Name: _____

Student ID: _____ IC/Passport No.: _____

Address: _____

Mobile No.: _____ Email: _____

Programme: _____

Please state the nature of disability or medical condition:

How does your disability or medical condition impact on your ability to complete coursework and daily activities outside the classroom?

Please list any medications that you currently take and any side effects that you experience.

Emergency contacts

Name	Relationship	Mobile No



Reasonable adjustments and support required (Please tick (✓) at the appropriate box)

Lectures & Tutorials

(✓)	Type of services	Remark
	Accessible classroom	
	Extra 1 week for assignment submission	
	Minimum 70% attendance	
	Presentation 1:1	
	Small group or individual assignment	
	Study skills support e.g. extra consultation hour	
	Other (please specify detail below)	

Examinations

(✓)	Type of services	Remark
	Extra Time 25% or (specify)	
	Permission to use a computer	
	Rest breaks during exam with extra time to compensate	
	Separate or smaller room	
	Special setting arrangement	
	Specialised equipment (specify)	
	Other (please specify detail below)	

Building Accessinility / Other Services

(✓)	Type of services	Remark
	Counselling services	
	Parking permits	
	Personal Emergency Evacuation Plan	
	Wheelchairs access	
	Other (please specify detail below)	



Declaration

By submitting this form, I certify that the information provided on this form is accurate. I understand that to be eligible for special support at IUMW, I must:

- (1) Complete and submit this declaration form,
- (2) Submit scanned supporting documents such as OKU card or letter from medical doctor,
- (3) Participate in an initial individual assessment with Registered Counsellor.

I hereby give permission to disclose to other areas of the University with my consent in order to arrange relevant services for me.

Signature:

Name:

Date:

For Office Use

Recommended by,

Signature of Registered Counsellor:

Name:

Date:

Recommended by,

Signature of Head/Dean:

Name:

Date:

Approved by,

Signature of Registrar:

Name:

Date:

Remarks: