**Special Learning Needs Declaration Form**

**Student Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID (if assigned): \_\_\_\_\_\_\_\_\_\_\_\_

Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Issue(s)**

☐ Disabilities (physical, sensory, or learning differences).

☐ Chronic health conditions (e.g., diabetes, epilepsy).

☐ Temporary injuries (e.g., broken hand).

☐ Mental health challenges (e.g., anxiety, depression).

☐ Religious or cultural needs (e.g., prayer times during exams).

☐ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Potential Adjustment Request on learning and assessment**
☐ Extra Time
☐ Alternative Exam Format (e.g., Braille, digital)
☐ Separate Exam Room
☐ Assistive Technology (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_
☐ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supporting Documentation**

Attach relevant evidence (e.g., medical certificate, specialist report).

For religious/cultural needs: Attach a letter from a recognized authority.

**Declaration**

I confirm the information provided is accurate.

I consent to the university contacting my medical/religious advisor if needed.

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

(for student under 18) Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_