

SPECIAL NEEDS SUPPORT SERVICES REGISTRATION FORM

Personal Details

Please indicate if you are a current or prospective student:

Current Student

Prospect Student

Name:

Programme Name:

IC/Passport No:

Matric No:

Contact No:

Emergency Contact No:

Disability/medical condition:

Audibly Impaired/Deaf

Visually Impaired/Blind

Medical Condition (Please Specify):

Mental Health Condition (Please Specify):

Neurological – Autism Spectrum Disorder (ASD)

Neurological – Attention Deficit Hyperactivity Disorder (ADHD)

Physical Disability (Please Specify):

Specific Learning Disability (Please Specify):

Others (Please Specify):

Please provide brief account of your condition:

Please describe how your condition impacts on your study

Please indicate whether the disability/condition is:

Short term Fluctuating Permanent

I would like to discuss:

- Alternative Exam Arrangements (AEA)
 - Flexibility in Assignment Deadlines
 - Flexibility in Attendance
 - Other (Please Specify):
-
-

Note: Decision to grant variations to the items above will be subjected to documentations provided and internal consultation with relevant personnel such as Dean/Director of School/Centre.

Student Acknowledgement and Consent:

By registering with Disability Support, I understand that:

- Details of my medical condition provided in my online registration, and supporting medical documentation will be stored confidentially and only be available to staff within Disability Support, and
- Only the impact of my condition on my studies (not my diagnosis) will be included in my Alternative Arrangements.

I consent to Disability Support staff checking the information provided when I register for Disability Support against the information provided when I enrolled at the University, and making any amendments to my Student Record that may be required to ensure that my Personal Information, related to disability, is accurate, up-to-date and complete.

I understand that I can update my Personal Information with the UNIRAZAK at any time in accordance with the University's Privacy Policy and Student Privacy Statement.

Student's signature: _____

Date: _____

Note: Students requesting services from Disability Support Services must provide documentation including the diagnosis, completed by a qualified professional with comprehensive training and experience in the relevant field of health/disability.