THE CHINESE UNIVERSITY OF HONG KONG OFFICE OF ACADEMIC LINKS

Special Learning Needs Notification Form

(Only for IASP students who have special learning needs)

This form is for informing the Chinese University of Hong Kong (CUHK) about your special learning needs so that suitable arrangements might be provided. Information provided on this form will be treated in confidence. However, it will be necessary to transfer the information to Office of Student Affairs (OSA) of the University for appropriate action. You can view the information on support services for students with special learning needs at OSA website: http://www.cuhk.edu.hk/osa/disability.

If you have any questions about completing this form, please contact your student advisor.

- Americas and ISEP Mr. Alex CHAU (alexchaukw@cuhk.edu.hk)
- Asia and Oceania Ms. Vicky CHENG (vickycheng@cuhk.edu.hk)
- Europe and South Africa Ms. Arisa LAI (arisalai@cuhk.edu.hk)

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Student Record

Name	(Family Name) (First Name))	(Middle Name)
Gender	Male / Female *	Level of Study	Undergraduate / Pos	stgraduate *
Home Institution			Year of Study at Home Institution	
Email Address			Tel. No.	
Study Period at CUHK	September to December 2021 (1 st Term) September 2021 to May 2022 (Year) January to May 2022 (2 nd Term) January to May & September to December 2022 (2 nd Term, 2021-22 & 1 st Term, 2022-23) Others (Please specify):			& 1 st Term, 2022-23)

To ensure timely arrangements for your special learning needs, you are required to contact Miss Jasvinda NG, the Disability Services Manager of OSA at sdss@cuhk.edu.hk for an appointment once you arrive at CUHK. Please also leave a reachable contact (phone/ email) so that OSA can reach you for the appointment: Tel. No. in Hong Kong (if any): ______Email Address: ______

Nature of Disability (Please provide medical / assessment report(s) and certification.)

Physical Disability:	Remarks
□ Wheelchair user □ Non-wheelchair user	
□ Visual Impairment:	
□ Blind	
□ Color blindness (Type of color deficiency:)	
□ Low vision	
Left eye (Normal / Mild / Moderate / Severe)	
Right eye (Normal / Mild / Moderate / Severe)	
□ Other eye disease:	
☐ Hearing Impairment:	
□ Deaf □ Hearing aid (Left / Right / Both ears)	
□ High frequency loss □ Cochlear implant (Left / Right / Both ears)	
Left ear (Normal / Mild / Moderate / Severe / Profound)	
Right ear (Normal / Mild / Moderate / Severe / Profound)	
Speech Impairment:	_
Visceral Disability:	_
□ Attention-deficit / hyperactivity disorder:	_
Autism Spectrum Disorder:	
Mental Illness:	
Specific Learning Difficulties:	
Other Disability:	(Continue on the next page)
* Please delete as appropriate.	

Confidential

Remarks

Application for special arrangements at CUHK

Please indicate the special accommodations that you would like to request for your study at CUHK.

** Each individual learning accommodation request must be accompanied by relevant supporting document(s).

Special lecture accommodation				
□ Assistance in forming groups	□ Braille lecture materials			
□ Lecture attendance allowance	\Box Lecture materials prior to the class			
□ Lecture recording (audio / video)	□ Peer note-takers			
□ Others:				
Special test / examination accommodat	ion			
□ Braille test / examination paper	□ Enlarged test / examination paper			
□ Extra time allowance:	\Box Use of computer			
□ Supervised breaks:	Special room:			
□ Others:				
Other learning accommodation				
□ Height-adjustable tables for classes, tests and examinations				
□ Learning aids and equipment loan set	ervice:			
□ On-campus Rehabus service				
□				

Please specify your supporting document enclosed with this student record form:

□ Accommodation letter from your home institution with details of special arrangements you received

□ Medical letter with recommendation(s) of learning accommodation which supports your application

□ Others:

Contact person in case of emergency:

Name :

Relationship: Tel. No.:

Email Address:

Declaration

- I declare that the above information is true and correct.
- I consent to provide the above-stated information
- a) for registering with the OSA disability support services at CUHK; and
- b) for CUHK statistical and research purposes without the disclosure of personally identifiable information;
- c) the provided personal data will be deleted by OSA seven years after service termination.
- I understand that Office of Academic Links (OAL) / OSA of CUHK will contact me if further information is required.
- I give permission to OAL to release the information provided on this form (and other information and documentation which may be provided in connection with it) to OSA for appropriate action.
- I hereby authorize OSA to liaise with the course offering Faculty(s) / Department(s) and/or other relevant units of CUHK on a need-to-know basis regarding my special educational needs.
 - I understand that all information will be kept confidential unless
 - The safety of me / others is in jeopardy and stepped up monitoring is needed for life protection purposes; and/or
 - Legal responsibility is involved.
- I understand that it is my responsibility to notify OAL about my special learning needs in advance once I decide to accept the admission offer for the International Asian Studies Programme (IASP).

Student's Signature: _____ Date: _____