## 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: <a href="http://www.cuhk.edu.hk/osa/sens">http://www.cuhk.edu.hk/osa/sens</a>.

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

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

Name					
	(Family Name)	(Firs	t 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 2022 (1st Term) ☐ September 2022 to May 2023 (Y) ☐ January to May 2023 (2nd Term) ☐ January to May & September to December 2023 (2nd Term, 2022-23 & 1st Term, 20 ☐ Others (Please specify):			& 1 <sup>st</sup> Term, 2023-24)	
•	rrangements for your special lea		-	_	
	edu.hk. Please also leave a reacong (if any):		•		
	nirment:  ☐ Hearing ai uency loss ☐ Cochlear i ent: Left ear (☐Normal / ☐Mile Right ear (☐Normal / ☐Mi		Right /□ Both ears) evere / □Profound) Severe / □Profound)		
☐ Physical Disal					
☐ Wheelcha		chair user			
	ning Difficulties:				
☐ Speech Impai					
☐ Visceral Disal	bility / Chronic Illness:				
☐ Visual Impair	ment:				
$\square$ Blind	☐ Color bline	dness:			
☐ Low visi	on: Left eye ( $\square$ Normal / $\square$ Milo	d / $\square$ Moderate / $\square$ S	evere)		
	Right eye ( $\square$ Normal / $\square$ Mi	ld / Moderate / 🗆	Severe)		
☐ Other eye	e disease:				
☐ Other Disability (Please specify):				Continue on the next pag	

<sup>\*</sup> Please delete as appropriate.

## Application for special arrangements at CUHK

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

** <u>Each</u> individual learning accommodation	request must be accompanied by relevant supporting document(s).
<b>Special Lecture Arrangements</b>	Remarks
☐ Assignment deadline extension	☐ Assistance in forming groups
☐ Enlarged / braille lecture materials	☐ Lecture attendance allowance
☐ Lecture materials prior to class	☐ Lecture recording (audio / video)
☐ Peer note-takers	☐ Use of height-adjustable tables
☐ Use of special equipment:	
<b>Special Test / Examination Arrangements</b>	
☐ Enlarged / braille answer papers	☐ Enlarged / braille question papers
☐ Extra time allowance:	☐ Supervised breaks:
☐ Separate invigilation	☐ Use of special equipment
☐ Use of height-adjustable tables	☐ Use of laptop / computer
☐ Oral assessment:	
Other Learning Accommodations	
☐ Learning aids / equipment loan service	•
☐ Special hostel arrangements:	
Contact person in case of emergency:	
Name: Relationsh	ip: Tel. No.:
Email Address:	
<ul> <li>b) for CUHK statistical and research</li> <li>c) the provided personal data will be</li> <li>I understand that Office of Academic Lirequired.</li> <li>I give permission to OAL to release the documentation which may be provided</li> <li>I hereby authorize OSA to liaise with the CUHK on a need-to-know basis regardi</li> <li>I understand that all information will be</li> <li>The safety of me / others is in jeopar</li> <li>Legal responsibility is involved.</li> </ul>	formation rice of Office of Student Affairs (OSA) at CUHK; a purposes without the disclosure of personally identifiable information; and e deleted by OSA seven years after service termination. Inks (OAL) / OSA of CUHK will contact me if further information is information provided on this form (and other information and in connection with it) to OSA for appropriate action. The course offering Faculty(s) / Department(s) and/or other relevant units of the my special educational needs.
	to notify OAL about my special learning needs in advance once I decide to lational Asian Studies Programme (IASP).