



**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).**

<b>Special Lecture Arrangements</b>	<b><u>Remarks</u></b>
<input type="checkbox"/> Assignment deadline extension <input type="checkbox"/> Enlarged / braille lecture materials <input type="checkbox"/> Lecture materials prior to class <input type="checkbox"/> Peer note-takers <input type="checkbox"/> Use of special equipment: _____	
<input type="checkbox"/> Assistance in forming groups <input type="checkbox"/> Lecture attendance allowance <input type="checkbox"/> Lecture recording (audio / video) <input type="checkbox"/> Use of height-adjustable tables	
<b>Special Test / Examination Arrangements</b> <input type="checkbox"/> Enlarged / braille answer papers <input type="checkbox"/> Extra time allowance: _____ <input type="checkbox"/> Separate invigilation <input type="checkbox"/> Use of height-adjustable tables <input type="checkbox"/> Oral assessment: _____ <input type="checkbox"/> Others: _____	<input type="checkbox"/> Enlarged / braille question papers <input type="checkbox"/> Supervised breaks: _____ <input type="checkbox"/> Use of special equipment <input type="checkbox"/> Use of laptop / computer <input type="checkbox"/> Listening assessment: _____
<b>Other Learning Accommodations</b> <input type="checkbox"/> Learning aids / equipment loan service <input type="checkbox"/> Special hostel arrangements: _____	<input type="checkbox"/> 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 SEN Service of Office of Student Affairs (OSA) at CUHK;
  - b) for CUHK statistical and research purposes without the disclosure of personally identifiable information; and
  - 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: \_\_\_\_\_