

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

- | | |
|--|---|
| <input type="checkbox"/> Assistance in forming groups | <input type="checkbox"/> Braille lecture materials |
| <input type="checkbox"/> Lecture attendance allowance | <input type="checkbox"/> Lecture materials prior to the class |
| <input type="checkbox"/> Lecture recording (audio / video) | <input type="checkbox"/> Peer note-takers |
| <input type="checkbox"/> Others: _____ | |

Remarks

Special test / examination accommodation

- | | |
|---|--|
| <input type="checkbox"/> Braille test / examination paper | <input type="checkbox"/> Enlarged test / examination paper |
| <input type="checkbox"/> Extra time allowance: _____ | <input type="checkbox"/> Use of computer |
| <input type="checkbox"/> Supervised breaks: _____ | <input type="checkbox"/> Special room: _____ |
| <input type="checkbox"/> Others: _____ | |

Other learning accommodation

- | |
|---|
| <input type="checkbox"/> Height-adjustable tables for classes, tests and examinations |
| <input type="checkbox"/> Learning aids and equipment loan service: _____ |
| <input type="checkbox"/> On-campus Rehabus service |
| <input type="checkbox"/> _____ |

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

- | |
|--|
| <input type="checkbox"/> Accommodation letter from your home institution with details of special arrangements you received |
| <input type="checkbox"/> Medical letter with recommendation(s) of learning accommodation which supports your application |
| <input type="checkbox"/> 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: _____