

## Request for exam conditions for Faculty-based Exams, quizzes, tests, online, practical, timed task

- This form is **only** for students who already have their Learning and Assessment Arrangements: exam conditions approved/in process
- Students use this form to request their approved exam conditions for **Faculty Based Exams**. Faculty based exams are scheduled by the individual Subject Coordinator and conducted at the Faculty level. Exam /quiz details are usually specified in the Subject Outline for each subject, or via UTS Online. The timetable for Faculty based exams is not formally published.

<b>Name:</b>	<a href="#">Accessibility Consultant (AC):</a>	<b>Date:</b>
<b>Student ID:</b>	<a href="#">Academic Liaison Officer (ALO):</a>	<b>Faculty:</b>

Assessment Request for:     Autumn     Spring     Summer    Year: 20\_\_    Date submitted to AC or ALO: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Instructions to Students:** Review your subject outlines and determine if you will need your exam conditions for any faculty-based in class or online exams/tests/quizzes. If you need more information about the exam e.g. format or duration of the exam, check UTS Online for details and if not provided, ask your Subject Coordinator.
- Consider whether you need **all** or **only some** of your exam conditions.  
Eg: If you have a laptop as an approved exam condition and the format of the exam is multiple choice, please indicate if you need the laptop in this case.
- Submit this form to your [AC](#) or [ALO](#) and copy to [Accessibility@uts.edu.au](mailto:Accessibility@uts.edu.au), ideally by the Census date each session or at least two weeks prior to the exam.

\*see example below table

Subject No.	Subject Name	Subject Coordinator (SC) Lecturer/Tutor	Task, Format & Duration details	Date/time of Exam/Test/Quiz	Exam Conditions Required for this Exam/Test/Quiz (approved conditions only)
		SC: Lecturer/Tutor:	Task: Format: Duration:	Date: Start time: Location:	<input type="checkbox"/> I am requesting <b>all</b> of my approved exam conditions for this exam <b>OR</b> <input type="checkbox"/> I am only requesting <b>some</b> of my approved exam conditions.  <i>If the following conditions are approved, please indicate if they are <b>not</b> needed:</i> <input type="checkbox"/> Laptop not needed <input type="checkbox"/> Scribe not needed <input type="checkbox"/> Reader not needed <i>Other Approved Conditions <b>not</b> needed:</i>  <ul style="list-style-type: none"> <li>• _____ not needed</li> <li>• _____ not needed</li> </ul>

Subject No.	Subject Name	Subject Coordinator (SC) Lecturer/Tutor	Task, Format & Duration details	Date/time of Exam/Test/Quiz	Exam Conditions Required for this Exam/Test/Quiz (approved conditions only)
		SC: Lecturer/Tutor:	Task: Format: Duration:	Date: Start time: Location:	<input type="checkbox"/> I am requesting <b>all</b> of my approved exam conditions for this exam <b>OR</b> <input type="checkbox"/> I am only requesting <b>some</b> of my approved exam conditions.  If the following conditions are approved, please indicate if they are <b>not</b> needed: <input type="checkbox"/> Laptop not needed <input type="checkbox"/> Scribe not needed <input type="checkbox"/> Reader not needed  Other Approved Conditions <b>not</b> needed: <ul style="list-style-type: none"> <li>• _____ not needed</li> <li>• _____ not needed</li> </ul>
		SC: Lecturer/Tutor:	Task: Format: Duration:	Date: Start time: Location:	<input type="checkbox"/> I am requesting <b>all</b> of my approved exam conditions for this exam <b>OR</b> <input type="checkbox"/> I am only requesting <b>some</b> of my approved exam conditions.  If the following conditions are approved, please indicate if they are <b>not</b> needed: <input type="checkbox"/> Laptop not needed <input type="checkbox"/> Scribe not needed <input type="checkbox"/> Reader not needed  Other Approved Conditions <b>not</b> needed: <ul style="list-style-type: none"> <li>• _____ not needed</li> <li>• _____ not needed</li> </ul>

\* Add more rows, if needed

ABOUT THIS FORM:

**Note to ALO –**

- This form assists the student to provide all the details about their faculty based Exams/Tests/Quizzes for the ALO / AC
- Actions following the submission of this form are for the students approved provisions to be put in place for their faculty-based exams
- This form is for internal Faculty/Accessibility use **only** – **it does not need to be sent to SAU Exams Branch**

EXAMPLE:

Subject No.	Subject Name	Subject Coordinator (SC) Lecturer/Tutor	Task, Format & Duration details	Date/time of Exam/Test/Quiz	Exam Conditions Required for this Exam/Test/Quiz (approved conditions only)
123456	Mathematics	<b>SC:</b> John Citizen  <b>Lecturer/Tutor:</b> Jane Smith	<b>Task:</b> Quiz  <b>Format:</b> Multiple Choice  <b>Duration:</b> 30 minutes	<b>Date:</b> 1 <sup>st</sup> Jan  <b>Start time:</b> 12pm  <b>Location:</b> Tutorial (Building/Room if known)	<input type="checkbox"/> I am requesting <b>all</b> of my approved exam conditions for this exam <b>OR</b> <input checked="" type="checkbox"/> I am only requesting <b>some</b> of my approved exam conditions.  If the following conditions are approved, please indicate if they are <b>not</b> needed: <input type="checkbox"/> Laptop not needed <input checked="" type="checkbox"/> Scribe not needed <input checked="" type="checkbox"/> Reader not needed  Other Approved Conditions <b>not</b> needed: <ul style="list-style-type: none"> <li>• _____ not needed</li> <li>• _____ not needed</li> </ul>