**APPLICATION FOR SPECIAL ARRANGEMENTS IN CONNECTION WITH WRITTEN EXAMINATIONS AT OSLOMET**

Reference is made to Regulations Relating to Studies and Examinations at Oslo Metropolitan University § 6-9.

**Application deadline:**

No later than one month prior to the examination date, with the following exceptions:

* Examinations in May and June: 1 March.
* Examinations in November and December: 1 October.

**Documentation**

The need for special arrangements in connection with an examination must be documented by a certificate from a medical practitioner. The form ”Statement from medical practitioner” (see page 2) or a medical certificate must be enclosed in order for the application to be processed. The medical practitioner must provide a short assessment of the extent and duration of the condition/disability and state the disadvantages the disability may cause in an examination situation. If a student is not able to get a doctor’s appointment before the deadline has passed, he/she must submit the application form and insert on the form that the documentation will be forwarded.

|  |  |
| --- | --- |
| Personal ID number (11 digits): | Student ID number: |
| First name: | Surname: |
| Telephone: | Faculty: |

Your first examination date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of the arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The application applies to(please tick the relevant alternative):**

|  |  |  |  |
| --- | --- | --- | --- |
| Written examination **with** invigilation: |  | Written examination **without** invigilation: |  |

**I apply for (please tick the relevant alternative):**

Other:

|  |  |  |  |
| --- | --- | --- | --- |
| Extendend time: |  | Use of Computer: |  |

Digital exam:

I need a spellschecker. Which one? :

The students must make themselves familiar with information relating to special arrangements published on OsloMet’s website. It is the students’ responsibility to make sure they have the sufficient knowledge of the equipment and software when using a computer during an examination.

Date: \_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT FROM MEDICAL PRACTITIONER**

**This form should be brought to the medical practitioner.**

Students who struggle with completing an examination in its original form, due to medical or other conditions, may apply for special arrangements or an alternative form of assessment within the appointed deadllines. Special arrangements may be granted when spesific reasons indicate so. A functional disability that will affect the examination situation must be documented. It is a condition that the student will have a considerably more difficult examination situation than other students. The purpose of special arrangements is to compensate for the disadvantage the disability brings about, and at the same time ensure that the students, to the greatest possible extent, are tested on equal terms. The suggested measures must therefore be sufficient, but not necessarily ideal. The documented disability shall remedy, without giving the student any advantages. The case worker is subject to confidentiality requirements.

On the basis of the information stated above we ask the medical practitioner to complete the necessary information. The student must approve the information provided in this form*.*

**To be completed by the medical practitioner:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Personal ID number (11 digits): | | | | | |
| First name: | Surname: | | | | |
| Description of the illness/functional disability/diagnosis: | | | | | |
| Will the illness affect the examination situation considerably? (please tick the relevant alternative): | | | | Yes | No |
| Is the student under treatment? (please tick the relevant alternative): | | | | Yes | No |
| The condition is (please tick the relevant alternative): | | Chronic | Acute | Prospect of recovery | |
| What restrictions may this entail in an examination situation: | | | | | |
| Recommended measures in connection with examinations: | | | | | |

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical practitioner’s signature and stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit the application to the address you find for the exam office on student.hioa.no/eng. Please mark the envelope with ”Special arrangements”. The application can also be submitted to the Examinations Office in Pilestredet 46 or the Service Centre at Kjeller Campus.