

**Uva Wellassa University**

**APPLICATION FORM FOR TEMPORARY DISABLED STUDENTS TO REQUEST FACILITIES FOR SEMESTER EXAMINATIONS**

**1. Personal Details**

Full Name (as per university records): .....

Student ID Number .....

Faculty/Department .....

Program of Study .....

Contact Number .....

Email Address .....

Semester and Academic Year .....

**2. Details of Temporary Disability**

Nature of Disability: (e.g., injury, .....  
 medical condition)

Date of Onset .....

Expected Recovery Date (if known) .....

Medical Report Attached (Yes/No)

(Note: A valid medical report issued by a certified medical practitioner must be attached to this application.)

**3. Facilities Requested**

Please select the facilities you are requesting (tick all that apply):

• Extended time to compensate for slower writing or reading speed.	
• Provision of a scribe or writer for students unable to write.	
• Use of assistive technologies such as screen readers, magnifying devices, or hearing aids.	
• Increased font size in examination papers for students with visual impairments	
• Allocation of a separate, quieter examination room to minimize distractions.	
• Scheduled breaks during lengthy examinations to accommodate medical needs.	
• Specialized accommodations for students with continuous medical conditions, such as regular monitoring or provision of medical support during the examination.	
• Flexibility to include any other facility deemed necessary by the Examinations Division based on the disability	

**4. Declaration by the Student**

I, the undersigned, hereby declare that the information provided above is accurate and complete to the best of my knowledge. I understand that any false information or misrepresentation may result in the withdrawal of facilities provided.

Signature of the Student ..... Date .....

**5. Recommendation from Medical Officer (To be completed by the University Medical Officer)**

Recommendation .....  
.....

Signature & Stamp ..... Date .....

**6. Recommendation of the Head of the Departments**

Recommendation .....  
.....

Signature & Stamp of the ..... Date .....

Head of the Division

**7. Approval by the Examinations Division**

Approved Facilities: .....

Remarks (if any): .....

Assigned Management Assistant .....

Signature of the Head of ..... Date .....

Examinations Division

***Instructions for Applicants:***

- *Submit this application form along with the necessary medical reports to the Examinations Division by the specified deadline.*
- *Ensure all sections are completed and signed.*
- *Incomplete applications will not be processed.*

*For further assistance, please contact the Examinations Division of Uva Wellassa University*