



ITT Dublin Alternative Arrangements Exam/CA Form

In order to have your request dealt with efficiently it is imperative that you complete all of the following:

Name: _____

Student ID Number: _____

Student Mobile Number: _____

Programme Code: _____

Date of Exam: _____

Time of Exam: _____

Length of exam: _____

Lecturers Name: _____

Subject: _____

Any special Requirements (Reader, Scribe, Laptop, Separate Room etc):

Student Signature: _____

Date: _____

Exams Office Signature: _____

Date: _____

PLEASE NOTE:

This form must be completed and returned to the exams office at least one week before the exam/CA date otherwise the exams office will not guarantee that they can accommodate your requests
