Reasonable Adjustment Request Form

1. Student Details

Full Name	
Student ID	
Course / Program	
Contact Number	
Email Address	

2. Request Details

Date of Request

Please describe the adjustment(s) you are requesting:

Reason for Request (e.g., disability, medical condition, language needs):

3. Supporting Documentation

Have you attached any supporting documents?	**☐ Yes ☐ No**
If Yes, please list them	

4. Previous Adjustments

Have you previously received reasonable adjustments?	**☐ Yes ☐ No**
If Yes, please list them	

5. Student Declaration

☐ I declare that the information provided is accurate and complete.
☐ I consent to the collection and use of my personal information for the purpose of processing this request.

Student Signature: _____
Date: _____

6. Office Use Only

Received By	
Date Received	
Request Approved	☐ Yes ☐ No
Approved Adjustments	
Comments	
Staff Name & Signature	
Date of Outcome	