**Modified or Alternative Assessment Request**

To be completed by the student and returned to module leader no later than two weeks after the start of the relevant module.

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| --- | --- |
| **Student Name:** |  |
| **Student ID Number:** |  |
| **Course:** |  |
| **Course Year or Level:** |  |
| **Disability:** |  |

**Assessment Details**

Please fill in each section below for all the assessments you would like to be considered for modified or alternative adjustments.

|  |  |
| --- | --- |
| **Module title(s)** |  |
| **Type of assessment(s)** |  |
| **Date of assessment(s)** |  |
| **Assessment Brief for each assessment**(If you are unsure of where to find this, please ask your module leader) |  |
| **Please state the barrier this assessment poses?**  |  |
| **Why are you requesting a modified or alternative assessment?** (Please explain the difficulties you would experience undertaking the original assessment, and why the adjustments you have requested would help with this.) |  |

For staff use:

|  |  |
| --- | --- |
| **Approved** | Yes/No |
| **Decision and alternative assessment details communicated to student**  | Yes/No |
| **Member of staff approving request****Please send a copy of the completed form to disabilityservices@cumbria.ac.uk** | Name:………………………………………………..Signature: ………………………………………..Date…………………………………………………… |