BRITISH COUNCIL

UNIVERSITY & PROFESSIONAL EXAMS - APPLICATION FOR SPECIAL ARRANGEMENTS

CENTRE NAME: _____

DATE OF EXAM (dd/mm/yyyy): _____

EXAM (please circle):

BMAT	CAT	ELAT	HAT	IMAT
MAT	MLAT	OLAT	PAT	STEP
TSA	University of London	Pearson Edexcel	Cambridge International Examinations	

NAME AND FAMILY NAME: _____
(please print)

DATE OF BIRTH (dd/mm/yyyy): _____

I would like to apply for the special arrangements because of:

☐ **DYSLEXIA, DYSGRAPHIA or DYSORTHOGRAPHIA.** I attach a report provided by a fully qualified educational, clinical or chartered psychologist which meets the requirements of the University and Professional Examniations Regulations.

☐ **OTHER HEALTH PROBLEMS** (short description):

_____

_____

I REQUEST THE FOLLOWING ARRANGEMENTS***:

_____

_____

_____

Relevant medical certificates attached.

***Special arrangements will be awarded provided the centre is able to satisfy candidate's request.

To be filled in by the examination centre:
Documents checked and application received by _____
signature of the exam centre staff

The Examination Centre will apply to appropriate examination board for special arrangements on the basis of the documents provided by the candidate.

I have read the above information, I request for special arrangements and consent to my personal data being processed for the purposes and under conditions stated above.

Name and family name	
Date	Signature