Canterbury Institute of Management (CIM) Reasonable Adjustment Application Form



I. Personal Details	3						
Student ID							
Given Name(s)		Surname					
Telephone Number		Email Address					
Current Address							
CIM Program of Study							
Students with a debilitatin by completing this form.	g medical condition or disabilit	y may request for rea	asonable adjustment to an assessment task				
upon enrolment or as soc	on as their condition is diagnos le. For detailed information on	ed to ensure that rea	ogram Director at the earliest opportunity isonable adjustment can be made available them the made available the first please read the Assessment				
II. Grounds and Details for Reasonable Adjustment							
	ested reasonable adjustment (s		ed):				
Medical certificate to sup	oport reasonable adjustment ap	oplication:					

III. Student Dec	aration							
I declare that the information provided in this application is accurate. I have read and understand the information about the reasonable adjustment process as outlined in the Assessment Policy and Procedure.								
Student Signature			Date					
Official Use Only								
Received By	Name	Signature		Date				
Reviewed By	Name	Signature		Date				
Reasonable Adjustme	ent Dec	sion:						
Program Director Signature				Date				
Campus Director & Dean Signature				Date				