



SPECIAL EXAMINATION ARRANGEMENTS – ADDITIONAL INFORMATION

To be completed by a doctor/specialist

Name	Birth date and Norwegian ID number

In accordance with section 33 of the Examination Regulations for the University of Agder

1. Give a short description of the illness/disability/diagnosis. (In order to ensure proper administrative treatment of the application we recommended that this section should be filled out. Remember that the case officer at UiA is bound by legal confidentiality requirements.)

2. Specify whether the condition is permanent and/or seasonal

3. Give a brief description of the type of examination most likely to be affected by the condition (oral, written, home examination etc.)

4. Give a description of the arrangements that will be needed for the student to take the exam (extra time, PC, spell check software, avoid use of copy paper, breastfeeding/nursing break, own room, special equipment etc.)

5. Other (please specify)

Place	Date	Doctor's/specialist's signature and stamp