



Application for Adapting an Exam/Test for Students with Special Needs

We refer to section 6.4 of the regulations concerning studies at the Oslo National Academy of the Arts.

Special needs provision seeks to compensate for the disadvantages the student's disability or medical condition causes during an exam. Even so, all students shall be tested at an equal level. The special needs provision shall not be so extensive that it gives you an advantage compared with other students.

Required documentation

The need for special needs provision during an exam must be attested to by a doctor or other relevant expert. For the application to be processed, the "Doctor's or Expert's Statement" form (see p. 2) must be attached to it. The doctor or expert must provide a brief assessment of the condition's or disability's scope and duration, and indicate its consequences for your ability to take an exam. A diagnosis does not automatically entitle you to special needs provision. An application for adjustments on the grounds of reading and writing difficulties will require an extensive report from an expert.

Deadline

The application must be sent to the Academy no later than 3 weeks before the exam. An exception can be made when the need for adaptation was unforeseen.

Last name:	First name:	Student no.:
Address:	Postal code:	City/town:
E-mail:	Tel.:	Applied before (yes/no):
Academic programme:		

I am applying for my exams to be adapted during my entire academic career (yes/no):

If no, specify which exam(s) you are applying for:

Course code	Course name	Exam date

The exam may be adapted through physical measures and/or extended examination time. I am applying for:

Extended exam time:	Physical measures (specify in the field below):

Place and date

The student's signature

Send the application to postmottak@khio.no with the subject line "Studieseksjonen/Søknad om tilrettelegging av eksamen" ("Section of Academic Affairs/Application for adapting an exam for special needs").¹

¹ The normal processing time is two weeks after the application and documentation have been received.

Doctor's/Expert's Statement

This statement is to be used in conjunction with an application for adapting an exam for special needs.

The information in this form is exempt from public disclosure pursuant to section 12 of the Freedom of Information Act and section 13.1(1) of the Public Administration Act.

To be filled in by a doctor/specialist:

Personal ID no. (11 digits):			
First name:		First name:	
Description of the illness/ disability /diagnosis:			
Does the illness significantly impact taking an exam? (tick a box):		Yes	No
Is the student being treated? (tick a box):		Yes	No
The condition is (tick a box):	Chronic	Acute	The condition is (tick a box):
How does the illness limit the student's ability to take an exam:			
Recommended measures during the exam:			

Date: _____ Doctor's/expert's signature and stamp: _____