

**Alternative Assessment Review Form**

Student Number:

Surname:

Forename(s):

Telephone Number:

**Detail of assessment, including relevant module name and reference number**

**Details of existing examination arrangements or alternative assessments agreed, (if any)**

**Please provide the reason(s) why you have requested the alternative assessment and how you are proposing to be assessed (please provide as much detail as you can – you may continue on another sheet, if necessary)**

By signing this form you are agreeing that the Disability and Dyslexia Service can share this information with colleagues in the Appeals, Complaints and Conduct unit.

**Student Signature: Date:**