Questionnaire for Students with Disabilities
(for research degree and professional doctorate students)

If you have a disability, this form is an opportunity to let the University have a better understanding of what help you may need so that we can provide appropriate assistance to facilitate your learning here.

The information collected in this form will be used by different facility centres and departments of the University for offering of assistance to disabled students and for statistical purpose. The Chow Yei Ching School of Graduate Studies (SGS) will co-ordinate the collection of such information and make appropriate referrals to the teaching department, and other service providers such as the Library and Student Development Services. All information collected will be kept confidential and used on a need-to-know basis. Whilst there are limits to the level and amount of services which can be provided, individual departments may contact you further to discuss the services and assistance they can offer.

After completing the form, please mail or fax it with relevant supporting documents to SGS at the address or fax number indicated above. Thank you for your co-operation.

Student Name: ___________________________ Student No.: _____________________________
Day time Telephone No.: __________________ CityU E-mail Address: _______________________
Programme Code: _________________________ Programme Title: ___________________________

1. Please briefly describe your disability:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

2. Do you need special assistance for travelling to the campus? If yes, how is it arranged?
   ________________________________________________________________________________
   ________________________________________________________________________________

3. Do you need special arrangements when attending lectures?
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

4. Do you need assistance or special equipment in your studies and in completing course assignments?
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

5. Do you envisage any activities in your study programme that you cannot attend, such as field trips, laboratory work, etc.?
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
6. Do you need special arrangements and equipment or extra time for examinations?

____________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

____________________

Signature of Student

____________________

Date

(For Home Academic Unit’s Use only)

Paragraph 12.5 of the “University Assessment Policy and Principles for Taught Programmes” states that “Departments, in consultation with the Student Development Services, should make justifiable adjustments to assessment procedures to ensure that disabled persons have an equality of opportunity when undergoing assessments.” Students’ home academic units are required to determine such arrangements for individual disabled students and then notify SGS. The arrangements will apply to all courses during the student’s study.

Special arrangements approved for the student:

☐ Taking the examinations in a separate room

☐ Allowing extra examination time? Please specify: ____________________________

☐ Providing additional or special equipment, please specify: ____________________________

☐ Allowing rest breaks? (not to be counted in examination time) Please specify: ____________________________

☐ Others, please specify: ____________________________

________________________________

Signature of Head of Home Academic Unit

____________________

Date