**SCHEDULE A: STUDENT SUPPORT PLAN**

Approved by Dean of Academic Programs: 16 Feb 2024

**Procedure**

1. Student completes Part A: Student Application for Support.

2. Student attaches supporting documentation.

3. Student submits Part A: to their Academic Dean.

4. Academic Dean completes Part B: Approved Plan, after consultation (if required) with appropriate disability or inclusion consultant

5. Academic Dean provides Part C: Notification of Recommended Student Support to the lecturer of each unit in which the student is enrolled, including units undertaken at Colleges or Schools other than the student’s home College or School.

6. Academic Dean informs student of recommended adjustments.

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| **Part A: Student Application for Support**  *To be completed by the student* | | | |
| Student Id: | | | |
| Family Name:       Given Names: | | | |
| Phone: | | Email: | |
| College / School: | | Course: | Year: |
| Unit Codes: | Unit Titles: | | |
| Lecturers (if known): | | | |
| **Details of Application**  *Student to describe the issue which impacts ability to study. Documentary evidence must be provided.* | | | |
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| Student Signature:       Date:    /    / | | | |

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| **Part B: Approved Plan**  *Academic Dean to complete, after consultation (if required) with appropriate disability or inclusion consultant.* |
| **Support to be provided**  List adjustments, if any, to be made for the student, such as recordings of lectures, extra time for examinations or assignments, modifications to assignment requirements, etc. |
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| Academic Dean Signature:       Date:    /    / |
| Lecturers Advised: |
| Review Date:    /    / |

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| **Part C: Notification of Recommended Student Support**  *Academic Dean to complete and supply to the lecturer of each unit in which the student is enrolled.* |
| Student Id: |
| Family Name:       Given Names: |
| This student has supplied evidence of conditions that may have the following consequences on his or her learning: |
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| The University is committed to making reasonable adjustments to usual policy or practice to meet the needs of a student with a disability, without compromising the academic standards of a unit or course or the learning and participation of other students. The following adjustments are recommended: |
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| Academic Dean Signature:       Date:    /    / |