



Assistance for Students with Disabilities Form

All Information provided to TMC will be kept strictly confidential except for those required under statutory requirements and by government authorities and relevant university partners and accreditation bodies as part of the regulatory or course requirements.

**Delete where appropriate*

Name:		Sex: * Male / Female	Date of Birth:
Nationality:	* NRIC Pass No:	Email:	
Student ID no:	Course Code:	Class Code:	

Kindly provide details of your disability and provide appropriate supporting documents (if any):

Disability:	Type:*Permanent / Temporary <i>If temporary, indicate period of disability: _____</i>
Brief Details:	
Assistance required:	

Your request for assistance required is subjected to approval and availability of resources.

Declaration by:

Student Name:

Date:



FOR OFFICIAL USE:

Special Arrangements approved for the student:

SN	Details of Arrangement	Department Involved	Name HOD/ Designate notified

Remarks:

Approved by:

Name:

Date: