

**MID-SEMESTER TEST ALTERNATIVE ARRANGEMENTS  
 EQUITY REQUEST - OTHER THAN DISABILITY OR MEDICAL**

Student

Surname	Title	Given Name
Student Number		Course

Telephone

Email

Address

Unit/s for which Mid Semester Test arrangements are requested

Unit Code	Unit Title	Unit Coordinator	Day	Date	MST start time	MST finish time

I hereby authorise Equity staff to discuss my arrangements with the Unit Coordinator of the unit/s for which I am requesting alternative arrangements.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Admin Use Only***

UC contacted – date: \_\_\_\_\_

Alternative arrangements agreed: Y/N      Reason, if no \_\_\_\_\_

Student notified – date: \_\_\_\_\_