

Special Accommodation Request Form

Complete this form to request permission to bring an assistive device otherwise prohibited, such as diabetic supplies, hearing aid, crutches, wheelchair, a lumbar support, or a lactation pump, into the exam room; and/or to request special seating because of a medical condition or the need to use a lactation device during a testing session; or other accommodation as required.

The form should be e-mailed to bar-exam@maldivesbarcouncil.org no later than 5:00 P.M., 13 November 2022. If the need for administrative accommodations should occur after this deadline, you may make a request by submitting this form and providing supporting documentation, but the BCM cannot guarantee that the request will be granted.

Name: _____

Candidate Number: _____

ID Card No.: _____

Type of Reasonable Adjustment Requested	List type of support needed

Explanation of Request: _____

By signing this form, I acknowledge and affirm my understanding that I must provide supporting medical documentation for this request to be granted, that I must comply with the above deadline and that untimely requests may not be granted.

Candidate's Signature: _____ Date: _____

Note: ALL REQUESTS MUST BE SUBMITTED WITH APPROPRIATE SUPPORTING MEDICAL DOCUMENTATION WHICH IDENTIFIES THE NATURE OF THE DISABILITY, THE EFFECT OF THE DISABILITY ON THE EXAMINEE'S ABILITY TO PERFORM, THE REASONABLE ADJUSTMENT REQUESTED AND HOW THESE ADJUSTMENTS WILL ADDRESS THE EXAMINEE'S DISABILITY. THE BAR COUNCIL RETAINS THE DISCRETION TO REJECT ANY FORMS THAT ARE INCOMPLETE.

<i>For official purposes, form and supporting documents verified by:</i>			
Name:		Designation:	
Date:		Signature:	