

Venue _____

Exam: S1 / S2 / Repeat

Date _____

Printing of typed examination answers

I declare that this work is my own and has been completed and printed to my satisfaction.

I confirm that the number of pages typed by me is the number of pages printed.

<i>Please fill out the following information</i>	
Number of pages printed	
Number of pages written	
Total number of pages	

Name (PRINTED) _____

Signature _____

StudentID _____

Examination Module _____

Witnessed by _____

The Disability Office has approved the above student with the following exam accommodation :

Venue - Walton Building - Use of Computer/Laptop to type

DISABILITYOFFICE@wit.ie