Special Arrangements Request 2024



Candidate informat	tion	
Name:		
Last name:		
Preparation Centre:		
Preparation Centre information		
Contact:		
Email:		
Exam information		CAMBRIDGE English
Please choose the exa	am and date the candidate is enrolled in:	Platinum
Exam:	Date (DD/MM):	Authorised Exam Centre
Special arrangements		
Permanent condition:		
Circumstances (you should include here a description of the disability , how it affects the candidate and the justification for requesting a special arrangement). Please be as detailed and thorough as possible:		
Administrative arran	gements (please remember that the arrangements must be justified in the bo	ax ahove and backed
up with the corresponding medical evidence)		
Extra time 25°	%	
Dummy partne	er	
Separate invigilation	on	
Supervised break	as .	
Word processo	or	
Headphone	es	
Modified materials		
Braille paper	rs	
Enlarged print paper	rs	

I, the candidate 's Preparation Centre, certify that the information provided in this form is accurate and complete to the best of my knowledge. I understand that any false information provided may result in the rejection of my request by Cambridge English and that I am responsible for the consequences of any inaccurate or incomplete information. I acknowledge that it is at the discretion of Cambridge English to accept or reject the request based on the information provided in this form. I understand that Cambridge English may request further information at any point until certificates are issued.

Name Date (DD/MM/YY)