



MINISTRY OF EDUCATION AND CULTURE, RESEARCH, AND TECHNOLOGY
INSTITUT TEKNOLOGI SEPULUH NOPEMBER
FACULTY OF INTELLIGENT ELECTRICAL AND
INFORMATICS TECHNOLOGY
DEPARTMENT OF COMPUTER ENGINEERING

Building B & C, ITS Campus Sukolilo, Surabaya 60111
Telp. (031) 5922936, 5947302, 5994251-55 (Ext.1341, 1342) Fax. (031) 5922936
E-mail: telematics@its.ac.id; <https://www.its.ac.id/komputer/>

Permintaan untuk Pengaturan Kompensasi Ujian: Ketidakmampuan Belajar Khusus
Request for Additional Examination Arrangements: Specific Learning Disabilities

Departemen harus memastikan bahwa semua permintaan telah diterima oleh bagian administrasi akademik Departemen sebelum pelaksanaan ujian (kecuali dalam kasus kecelakaan atau sakit mendadak, di mana form aplikasi harus dibuat sesegera mungkin).
Departments should ensure that all such requests are received by the Academic Secretariat before an exam (except in the case of accident or sudden illness, where the application must be made as soon as possible after the event).

Name:	
NRP:	
Department/Study program:	
Undergraduate/Postgraduate:	

Kondisi: <i>Condition:</i>

Kapan pelaksanaan ujian yang pertama/berikutnya: <i>When is the first/next exam:</i>

Apa jenis ujian: (beri tanda) <i>What is the nature of the examination(s): (tick all that apply)</i>
☐ essay type paper
☐ MCQ
☐ short answer paper
☐ other (please specify):

Apa permintaan nya: (beri tanda yang sesuai) <i>What is being requested: (tick all that apply)</i>
Pemberian kompensasi waktu / waktu ekstra dan kompensasi lain, kecuali dalam keadaan luar biasa <i>Provision of extra time/ compensation and other compensation, except in exceptional circumstances</i>
☐ extra time ___ minutes per hour
☐ use of a pc/laptop
☐ rest breaks
☐ other (please specify):

Selama kebutuhan mahasiswa tidak berubah, hanya satu aplikasi yang perlu diajukan, dan ini dapat tetap berlaku selama studi di ITS
As long as the student's needs do not change only one application will need to be submitted, and this can remain in place for the duration of their study at ITS

Report attached/enclosed ☐

Menyetujui,
Approved by,

Name :	
Position in Department :	
Signature:	
Date:	

Silahkan kirimkan form yang telah diisi ke sekretariat akademik.
Please return completed form to academic secretariat.