**VIVA ADJUSTMENT REQUEST FORM**

This form should be submitted to the Graduate School alongside the student’s thesis, to ensure necessary adjustments are requested and implemented in advance of the viva. The examination committee will be made aware of the adjustments required in advance of the examination.

**1. Student/thesis Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name in Full: | |  | | | |
| Title (Mr, Mrs, Ms, etc): | | |  | **Student No.:** |  |
| Email: |  | | | | |
| Title of Degree Sought: | | |  | | |
| Subject of Study: | | |  | | |

2. Adjustments requested:

Please discuss and agree any adjustments that might be required to the viva examination process. You may wish to discuss this with your disability support officer. Please note the adjustments required below:

Examples of adjustments you can request include:

* An accessible room or a room with specific criteria, such as limited outside noise.
* Conducting the viva online.
* Having your supervisor present.
* Providing extra time for locating detail, reading and responding to questions.
* The ability to request that questions are restated or rephrased.
* Provision of a certain number of regular breaks.

Adjustments required:

#### 3. For completion by the Supervisor:

|  |  |
| --- | --- |
| I confirm that I have discussed these adjustments with my student and we have agreed that they are necessary and proportionate. | Yes/No |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  | (BLOCK CAPITALS) | |

4. For completion by the student:

|  |  |
| --- | --- |
| I confirm that I have discussed these adjustments with my supervisor and we have agreed that they are necessary and proportionate. | Yes/No |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  | (BLOCK CAPITALS) | |