



UNIVERSITY
of
OTAGO
Te Whare Wānanga o Ōtago
NEW ZEALAND

LANGUAGE CENTRE AND FOUNDATION YEAR

Disability impact statement

Family name

ID Number

Given name

Email

I am: International ☐

Domestic ☐

The University of Otago Language Centre and Foundation Year is committed to the principle of equal educational opportunities. In order to be able to fully understand the impact of your impairment, disability, or medical condition, in addition to reviewing the other information relevant to your application, we would appreciate it if you could provide us with the following information which will assist with the decision-making process.

Has having an impairment, disability or medical condition affected your past academic performance? If so, please explain, attaching additional pages as necessary. In addition, you are welcome to provide original or witnessed copies of supporting documentation (for example, a medical certificate or assessment from your health professional or other appropriate specialist).

Please describe how your impairment, disability or medical condition currently affects you, if at all, and explain the support systems you have in place:

If you do not have current support systems in place, have you considered accessing support? If so, please explain:

☐ Have you attached all relevant documentation? All information submitted will remain confidential.

Signature

Date

Please return to:
Admissions Office
The University of Otago Language Centre and Foundation Year
PO Box 56
Dunedin 9054