CHAPTER 11
STUDENTS WITH DISABILITIES

11.1 DEFINITION

‘Disability’ refers to any impairment, medical condition, mental health difficulty or specific learning difficulty that has an impact on the ability to study or any other aspect of university life.

11.2 ADMISSION OF STUDENTS WITH DISABILITIES

(a) All students with disabilities considering whether to apply to the UoM are encouraged to contact the Admissions and Student Records Office (ASRO) to find out about the facilities that may be provided for students with disabilities.

(b) Offers of seats to study at the UoM are made on academic merit and ranking. However, in case a candidate has declared a physical impairment in his/her application form, which may have affected his/her academic performance, the Admissions Eligibility Committee of the University considers each candidate on a case to case basis. The candidate should satisfy the minimum basic entry requirements as well as the Programme requirements. Applicants may be contacted by the ASRO for further information so as to ensure that reasonable adjustments can be put in place by the Faculty/ Centre. Applicants may also be interviewed where appropriate to determine their adjustability to specific Programmes.

(c) Students with mobility difficulties are strongly advised to visit the University since some physical environment of the UoM may not be fully accessible to such students (e.g. wheelchair users or those who have difficulties with stairs). The ASRO and the Faculty/ Centre must therefore ensure that due consideration is given to such applications. If reasonable adjustments to buildings and procedures cannot be put in place, it is essential that the applicant is informed in a timely manner.

(d) Given the commitment of the UoM to offering academic opportunity to all suitably qualified people, whenever possible, and irrespective of disability, the following are the only two instances in which students with disabilities who meet the entry requirements can be rejected:

(i) Overriding health and safety hazards which cannot reasonably be overcome;
(ii) Essential reasonable adjustments cannot be made to the Programme content and delivery or to the provision of suitable staff or facilities.

11.3 FACILITIES AND REGULATIONS

(a) Students with disabilities at the UoM may be provided with one or a combination of the following arrangements:

(i) Provision of covered ways/ lifts/ ramps where applicable and possible;
(ii) Timetabling and allocation of rooms should be made taking into account
the needs of the individual students. The modularity of Programmes
allows some flexibility in the way they are pursued but the degree to which
this is possible will vary with the Programmes and Departments.

(b) Innovative approaches may be adopted with respect to teaching although it is
not possible to be prescriptive about how best to meet the special needs of
students with disabilities. Where possible, Departments and individual lecturers
can accommodate individual requirements within resource constraints and
without compromising academic standards.

(c) Provision of special examination arrangements, where necessary and which
may include:

- Extra time (a maximum of 25%);
- Personal time reminders;
- Examination papers in alternative formats, e.g. enlarged fonts, braille,
coloured paper, electronic copy;
- Use of a computer (which has been checked to ensure that it is ‘clean’) where appropriate;
- For students who are prone to fatigue, independent arrangements can be
made by Faculties/ Centre so that examinations are spaced with at least
one day’s rest between them to avoid the effects of physical fatigue linked
to their disabilities (request to be supported by Medical Certificate);
- Alternative timing to provide for a late or early start according to
individual needs;
- Extra time for printing out answers prepared on a computer.

(d) the library may provide a range of support services including extended loans,
private study facilities, a fetching and carrying service, help with the catalogue
system and with locating books and journals, where necessary.

(e) A “Certification of Disability Form” provided at the end of this chapter shall be
downloaded and duly filled by Faculty/ Centre whenever necessary for onward
submission to the Ministry of Health and Quality of Life. The Form should be
returned to the Faculty/ Centre concerned within one (1) week after the medical
practitioner has seen the applicant.

(f) Complaints from students will be handled under the UoM’s complaints
procedure.

(g) The above Regulations would be applicable to both undergraduate and
postgraduate students.

(h) Any change(s) in the state of health of the student occurring after the initial
approval will be submitted to the Faculty/ Centre by the student for a review of
the provision of special arrangements initially approved.

(i) In case of temporary/ permanent disability whereby the extra time for
examinations, recommended by the Medical Officer/ Medical Board, is less
than 25%, the approval stops at the level of Faculty/ Centre Board.
(j) In case of temporary/ permanent disability whereby the additional time for examinations, recommended by the Medical Board from the Ministry of Health and Quality of Life, is greater than 25%, the matter will be referred to the Registrar, who will give a ruling, after consultation with a Medical Officer and either the relevant Dean of Faculty or Head of Department or Representative.
UNIVERSITY OF MAURITIUS
Certification of Disability

To: Ministry of Health & Quality of Life

The student named below has applied for some special requirements at the University of Mauritius. In order to determine eligibility and to provide these special requirements, we need documentation of the student’s disability.

TO BE FILLED BY FACULTY/ CENTRE

Faculty/ Centre: .................................................................

Student’s Full Name: ..............................................................

Date: .................................................................

TO BE FILLED BY MEDICAL PRACTITIONER

Please fill in the Form below

After completing the Form, kindly remit same to the student, who will then submit to the UoM, if s/he so wishes, by ........................................

The information provided will be kept in the student’s educational records and will be held strictly confidential. In addition to the requested information, please attach any other information you think would be relevant to the student’s academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

1. What is your diagnosis for this student?

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2. Date of above diagnosis.

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3. Date student was last seen.

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4. Please check which of the major life activities listed below are affected because of the above diagnosis and/or treatment. Please indicate the level of limitation.

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<thead>
<tr>
<th>Life Activity</th>
<th>No Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
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<tbody>
<tr>
<td>Concentrating</td>
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<td>Memory</td>
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<td>Sleeping</td>
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<td>Eating</td>
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<td>Social interactions</td>
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<td>Self care</td>
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<tr>
<td>Managing internal distractions</td>
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<tr>
<td>Life Activity</td>
<td>No Impact</td>
<td>Moderate Impact</td>
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<tr>
<td>Managing external distractions</td>
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<tr>
<td>Timely submission of assignments</td>
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<td>Attending class regularly and on time</td>
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<td>Making and keeping appointments</td>
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<td>Stress management</td>
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<td>Organization</td>
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How long do you anticipate the student’s academic achievement will be impacted by this disability?

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<td>Six months</td>
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<td>One year</td>
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<td>More than one year</td>
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5. **Other Information**

What other specific symptoms currently manifesting themselves might affect the student’s academic performance?

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6. What would you recommend, if applicable, as percentage additional time to be provided for examination purposes?

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7. Is there anything else you wish to add about the student’s disability?

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**Certifying Medical Board from the Ministry of Health & Quality of Life**

**Signature of Chair of Medical Board:**

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**Date:** ……………..

**Address & Phone/ Fax number:**……………………………………………………………………………………………………………………

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