

Admission test: accommodations request form

Full name.....

Place of birth..... Date of birth.....

Place of residency (full address).....

Telephone number..... Email address.....

Enrolled in admission test to the course.....
in the school of..... for the academic year.....

Date and seat of the test_

I declare

to be in possession of one of the following documents which must be attached to the form (check the appropriate box)

Diagnosis of a Specific Learning Disorder, under Italian Law 170/2010, from the National Healthcare System; from a recognised private healthcare centre or from a private specialist accompanied by a compliance certificate from ASL. The documentation must either not be older than three years or it must be supplied after 18 years of age;

- Certificate of disability, under Italian Law 104/92 ;
- Certificate of legal disability equal to or above 66%;
- Certificate of a Non-Specific Learning Disorder;

I ask

that in order to sit the admission test in question, I am able to benefit from the following support (check any necessary boxes):

30% additional time (for candidates with a Specific Learning Disorder, a Non-Specific Learning Disorder or pathology)

50% additional time (for candidates with a legal disability and/or disability)

Tutor reader

Tutor writer

a non-scientific calculator of exclusive property of the candidate

admission test in large print

accessible desk

Other (please indicate necessary support for example: Sign Language Interpreter/lip reader for initial instructions)

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The Delegato del Rettore alla Didattica e all'accesso e alla Frequenza in accordance with the Ufficio Accoglienza Disabili e Servizi DSA will verify eligibility for requested support.

The following are NOT allowed: dictionary and/or glossary, formularies, conceptual maps, period table of elements, personal computer, smartphone, tablet.

Date.....

Signature.....