



UNIVERSITÀ DI SIENA 1240

To the attention
of the Disability Accommodation and Learning
Disability Services Office
uffdisabili@unisi.it servizidsa@unisi.it

Subject: Admission test Adaptation request

I, the undersigned.....
born on
resident at.....
tel..... email:
Enrolled for the admission test to the Course in
at the School of..... for the academic year.....

Test date and location _____

Hereby declare

to be in possession of one of the following documents, which I have attached to this application (mark the appropriate box):

- SLD diagnosis pursuant to Italian Law no.170/2010, issued by the National Health Service, by a private affiliated Centre, or by a private specialist, accompanied by a document of conformity issued by the Local Health Authorities. The documents must not be more than 3 years old or must have been issued after the person reached 18 years of age;
Handicap certification pursuant to Italian Law no.104/92; Civil Disability Certification equal to or greater than 66%;
Non-Specific Learning Disorder (NSLD) Certification;

hereby request

to use of the following aids in order to take the test (mark those required):

- 30% additional time (for candidates with SLD, NSLD or pathologies)
50% additional time (for candidates with Civil Disabilities and/or Handicaps)
Reading assistant
Writing assistant
Non-scientific calculator of exclusive student property
Test with enlarged type
Wheelchair accessible desk
Other (specify the aids required - e.g. Sign language interpreter/lip reader for the initial instructions)

The Rector's Delegate for Instructional Activities, Access and Attendance will verify the suitability of the measures requested in agreement with the Disability Accommodation and Learning Disability Services Office.

It should be noted that the following are NOT permitted: dictionaries and/or glossaries, formularies, concept maps, periodic tables of the elements, personal computers, smartphones, or tablets.

Date Signature.....