Subject: Admission test Adaptation request

I, the undersigned......................................................................................................................................

born on ...............................................................................................................................................

resident at...........................................................................................................................................

tel. ....................................................................................................................................................

e-mail: ............................................................................................................................................

Enrolled for the admission test to the Course in .......................................................................................

at the School of...................................................................................................................................

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 .................................................................................................................................