Re: Admission test - Request for adaptation

I, the undersigned………………………………………………………………………………………………………………………………………………………………,
Born in………………………………………………………..………………………………………………………………………on……..………………………………………
resident in…………………………………………………………………………at Via ……………………………………………………………………………………………
tel. …………………………………………………….e-mail:…………………………………………………………………………………………………..
Registered to take the admission test for the Degree programme in
………………………………………………………………………………………………………………………………………………………………………………
at the School of…………………………………………………………………………………………………………………………………………………………
for the………………academic year

Date and location of test________________________________________

Confirm

my possession of one of the following sets of documents that I attach to this application (tick the corresponding box):

☐ Diagnosis of SLD, pursuant to Law 170/2010, issued by the National Health Service, an authorised private Centre or a private specialist accompanied by a document of conformity from the Local Health Authority (ASL). The documentation must not be more than 3 years old or issued after having reached the age of 18;
☐ Certificate of handicap pursuant to Law 104/92;
☐ Certificate of legal disability rating of 66% or higher;
☐ Documentation confirming the existence of an illness that might result in an inability to study, temporary or otherwise ¹;
☐ Certificate of Non-Specific Learning Disorder (LD);
☐ Certificate of Special Educational Needs (SEN) ²;

request

use of the following support in order to take the above test (tick those necessary):

☐ 30% extra time (for candidates with SLD, LD or illness)
☐ 50% extra time (for candidates with legal disability and/or handicap)
☐ Reading tutor
☐ Writing tutor
☐ Non-scientific calculator
☐ Screen magnifier or test with enlarged characters
☐ Other (specify the support needed e.g. LIS interpreter/lip reader for the initial instructions)

Please note that the following are NOT allowed: dictionary and/or thesaurus, formula lists, concept maps, periodic table of elements, personal computer, smartphone, tablet.

Date………………………….
Signature…………………………………………………………………………………………….

¹ Reference is made to health conditions that might result in certain specific needs arising during the test.
² Consideration will only be given to applications from candidates with learning problems, supported by specialist documentation that explains the difficulties.