

Disability - AGREEMENT FORM (Tutoring Service)

N.B. This form will be considered valid only if accompanied by the required certification.

The student declares that they have submitted to the Student Office and sent to the Service a copy of their invalidity/disability certificate (issued by the competent Local Health Authority – ASL – and currently valid).

The student declares that they have attached other suitable documentation supporting the specific difficulties and/or functional diagnosis.

ASSIGNED TUTOR _____

STUDENT DETAILS

TYPE OF DISABILITY / CERTIFICATION

Surname		Certification date	
First name		Issued by	
Student ID number		Submitted to the Student Office on	
Department		NOTES by the tutor:	
Degree Programme			
Enrolment a.y.			

CERTIFICATION DETAILS

Certified diagnosis	Notes
Percentage of invalidity (if applicable)	
Type of disability	
Specify the limitations resulting from the disability for which support is requested	

AGREEMENT

Yes	No	Dispensatory/Compensatory measures
☐	☐	a) min. 30% – max. 50% additional time for the written exam → specify %
☐	☐	b) min. 25% – max. 40% reduction in the content of the assessment → specify %
N.B. Measures a) and b), even if both selected, are alternatives for the same exam/assessment.		
☐	☐	Possibility of converting the written exam into an oral exam
☐	☐	Assessment of content rather than form
☐	☐	Use of concept maps, outlines and formula sheets
☐	☐	Use of a computer for writing (<i>to be agreed with the lecturer</i>)
☐	☐	Request for books in PDF format
☐	☐	Assistance
☐	☐	Other requests – please specify:

* Additional requests are granted at the lecturer's discretion. **For formula sheets/outlines/concept maps, the material must be sent to the tutor at least 10 days before the exam. Personal data will be processed in compliance with privacy legislation.**

Date ____ / ____ / 20__	
Tutor's signature	Student's signature