

APPLICATION FOR MODIFIED STUDY TERMS BASED ON STUDENT'S SPECIFIC NEEDS

Name and surname..... Date of birth.....

Email Telephone.....

Study program / field..... Year of study.....

I request the study modification based on my specific needs resulting from:

- Physical/visual/hearing impairment
- Chronic somatic disease
- Learning disorder or ADHD
- Autism spectrum disorder
- Psychological disorders
- Communication ability impairment
- Other lasting disabilities.....
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I am attaching the following documents to the application:

- proof of disability** under Section 67 of Act No. 435/2004 on employment,
- proof of disability of any grade** under Section 39 of Act No. 155/1995 on pension insurance,
- identity card of a person with disability of any degree** under Section 34 of Act No. 329/2011 on the provision of subsidies to people with disabilities,
- proof of specific learning disorder** identified on the basis of the results obtained by means of a generally accepted diagnosis of specific learning disorders
- proof of an autism spectrum disorder** identified on the basis of a comprehensive examination by a clinical psychologist
- medical report** on the results of a specialist medical examination for persons who are unable to submit documents specified above in clauses a) to e).
- other:**
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The student's proposal to modify the study according to his/her specific needs (or on a separate sheet):

Date:.....

Applicant's signature:.....

In accordance with the relevant legal regulations, the AMU informs that the personal data of the data subject will be processed with the Rector's decree No. 5/2018, Protection and processing of personal data, dated 25/05/2018.

Comments and the proposal from the Guarantor of Study Program (or on a separate sheet):

Indate.....

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Signature of the Guarantor of Study Program

Comments and the recommendation of the Vice-Dean for Study Affairs (or on a separate sheet):

Indate.....

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Signature of the Vice-Dean for Study Affairs