APPLICATION FORM FOR DISABLED APPLICANTS FOR ADMISSION TESTS

SURNAME  

NAME  

DATE OF BIRTH  

CITY AND COUNTRY OF BIRTH  

Under its own responsibility, aware of civil and penal consequences in case of untruthful statements

DECLARES

☐ TO BE CIVILIAN DISABLED (degree of disability: ...........%)

☐ TO BE IN STATUS OF HANDICAP UNDER LAW 104/92
☐ IN SITUATION OF GRAVITY (ART. 3 COMMA 3)

Type of disability:
☐ Auditive Disability
☐ Visual Disability
☐ Mobility Disability
☐ Psychic Disability
☐ Other, specify: ______________________________

DECLARES IN ADDITION TO BE IN NEED OF:

☐ Accompanying/Support to the person
☐ Extra time
☐ Human reader (tutor)
☐ Other aid: ______________________________

This filled and signed form together with the most recent valid certification must be scanned and uploaded during the online admission procedure.

N.B. In case of registration for more than one test, it is necessary to upload an application for each test.

The undersigned expresses his agreement so that the personal data provided may be processed also with computer tools, under the Legislative Decree 30.6.2003, n. 196.

DATA ___________________________  FIRMA ___________________________