APPLICATION FORM FOR APPLICANTS WITH SLD 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

DECLARER:

TO BE AN APPLICANT WITH A DIAGNOSIS OF SPECIFIC LEARNING DISABILITIES (SLD) UNDER LAW NO. 170/2010 AND TO BE IN POSSESS OF REGULAR CERTIFICATION REGARDING:

☐ Dyslexia (degree..........................)
☐ Dysgraphia (degree..........................)
☐ Dysorthography (degree..........................)
☐ Dyscalculia (degree..........................)

DECLARER IN ADDITION TO BE IN NEED OF:

☐ Extra time
☐ Non-scientific calculator
☐ Support by a tutor/reader

NOTES: __________________________________________________________________

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 _______________________________