

Certificate of disability

PART 1

Name and surname of the student:.....

Date of birth:.....

Address of the permanent residence:.....

PART 2

The name and surname, title and professional field of the specialist who issued the certificate:

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Contact – Correspondence address:

Name of centre/ambulance:.....

E-mail:..... Phone:.....

PART 3

Type and degree of disability/disease, report on the course and evolution of the disability/disease:

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PART 4

Impact on study, recommended forms of support that the student will need during study to compensate for the consequences of the disability/illness (e.g.: more frequent absences from classes, need for extended time to fulfil study obligations, in the current case the need to change the exam date, the need to adapt the form of the exam, e.g. extended time, breaks, etc.) - specify, or indicate others:

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Note: The completed certificate is handed over to the faculty coordinator for students with specific needs along with the expert review.

Date:.....

Signature and stamp

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