

**Application for modification of the form and method of conducting the entrance exam for an applicant with specific needs to study at the Bratislava International School of Liberal Arts (hereinafter just “BISLA”) and consent to the evaluation of specific needs (in accordance with § 57 paragraph 4 in conjunction with § 100 of Act no. 131/2002 Coll. on universities and on the amendment of certain laws)**

Name and surname of the applicant:.....

Date of birth: .....

Address: .....

e-mail:.....Phone:.....

Admission procedure for the academic year: ..... Degree of study (1., 2., 3.):.....

**Type of health handicap (circle the applicable):**

- a) visual impairment
- b) hearing disability
- c) physical disability of the lower limbs
- d) physical disability of the upper limbs
- e) chronic disease
- f) health impairment
- g) mental illness
- h) autism or other pervasive developmental disorder
- i) learning disorders (dyslexia, dysgraphia, dyscalculia, dysorthography)
- j) other (specify)

Following the above-mentioned type of disadvantage, I request the modification of the form and method of conducting the entrance exam and the following support services:

.....  
.....

**I agree with the evaluation of my specific needs in order to determine the scope of support services regarding the modification of the form and method of conducting the entrance exam.**

For the purposes of evaluating the specific needs, I attach (circle):

- a) a medical certificate not older than three months (medical report, report on the course and development of the disease and disability or an extract from the medical documentation, or other),
- b) statement of a psychologist, speech therapist, school psychologist, school speech therapist or special pedagogue.

Date: .....

Applicant's signature .....

**The need for appropriate adjustments and support services during exams**

Extention of time during written exam		Interpreter for the deaf	
Assistence / writing down the exam		Using computer during exam	
Instruction in appropriate form		Spell correction on PC	
Separate room		A break during the exam	
Replacing a written exam with an oral one, and vice versa		Use of assistive technologies *	
A combination of an oral and written exam		Other type of support *	

**\* Please specify in more detail the requested form of reasonable adjustment and/or support services during exams:**

Date: .....

Applicant's signiture: .....