

Confirmation of medical disadvantage

1. part

Name and surname of the applicant:

Date of birth:

Address:

2. part

Name and surname, title and professional focus of the expert issuing the confirmation:

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Contact info – mailing address:

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Name of the centre/ambulance:

e-mail:.....

Phone:

3. part

Type and degree of disability/disease, report on the progress and development of the disability/disease:

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4. part

The impact on studies, recommended forms of support that the student will need during their studies to compensate for the consequences of the disability/disease (e.g., more frequent absences from classes, the need to extend the time to fulfil study obligations, an extension of deadlines, etc.) – specify, or specify other:

Date

Signature and stamp