**Arrangement request**

|  |  |
| --- | --- |
| **Last name** |  |
| **First name** |  |
| **Address** |  |
| **Email address** |  |
| **Doctoral program** |  |
| **External doctoral student** (not employed by EPFL) |  |
| **Arrival at EPFL** |  |

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| --- |
| **How is your disability or chronic disease called?** |
|  |

|  |  |
| --- | --- |
| **In which situations or during what kind of study-related activities can you report limitations due to your disability or chronic disease?** | |
| Reading | E-learning (internet, laptop…) |
| Writing | Papers |
| Speaking | Internship / practical training |
| Taking notes | Oral exams |
| Participating in classes and seminars | Written exams |
| Organizing the workday | Interpersonal communication |
| Individual or group learning |  |
| **Others** | |

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| **How does this affect your daily life as an employee / student?** |
|  |
| **What resources, including technical aids and assistive technology, are you taking advantage of so far?** |
|  |
| **What assistance and support in academic / professional matters have proven useful so far?** |
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| --- | --- | --- |
| **What are your needs while working / studying at EPFL?** | | |
|  | | |
| **Is this your first request to EPFL for special study needs arrangements?** | | |
| Yes  Non | | |
| **Have you had special study needs arrangements previously from other educational institutions?** | | |
| Yes | I enclose my previous approval form and any medical reports  I received no approval form | |
| No |  | |
| **Thesis director** | | |
|  | | Contact details (last name, first name and section) |
| Unknown | |  |
| Contact made / under discussion | |  |
| Signed contract | |  |
| **Do you give us permission to contact your doctor/specialist?** | | |
| Yes  No | | |
| **Do you give us permission to pass on the nature of your disability/chronic disease to your thesis director/ doctoral program’s assistant?** | | |
| Yes  No | | |

Date :

Signature: