**Arrangement request**

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| --- | --- |
| **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?** |
|       |

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| **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: