**In case of student disability/chronic illness/accident**

* Request for special arrangements for courses and exams

***This form is to be completed by the student (page 1-4) and the specialist (pages 4-7)***

To be completed by the student

|  |  |
| --- | --- |
| **Last name**  |       |
| **First name** |       |
| **Email address** |       |
| **Section**  |       |
| **EPFL admission date** |       |
|  **Level of study** | [ ]  CMS [ ]  Bachelor [ ]  Master  |

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| **Which disability or illness do you suffer from?** |
|       |

1. **Arrangements for courses**

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| **Which study-related situation(s) do you find difficult due to your medical condition?** |
|       |

1. **Arrangements for exams**

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| **What specific arrangements would yourequire in the following situations?** |
| **Written exams:**       |
| **Oral exams :**       |

1. **Impacts of your diagnosis**

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| **How does your medical condition affect your everyday life during your studies?** |
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| **Have youreceived special study arrangements previously from other educational institutions?** |
| [ ] Yes(I enclose my previous approval form) [ ]  No  |

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| **Do you give us permission to:**  |
| contact your doctor/specialist ? | [ ]  Yes [ ]  No |
| pass on the nature of your disability/chronic illness to your teachers/section assistants/section head?  | [ ]  Yes [ ]  No |

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| **Would you need an interview to discuss any needs and/or expectations you may have to** **facilitate your integration into EPFL?** |
| [ ]  Yes. Please send an email to sae.amenagements@epfl.ch requesting an appointment and suggesting some dates and times that are convenient to you). [ ]  No |

Date :

Signature (handwritten) :………………………………….

**If you already have a medical certificate/report/assessment from the specialist treating you, or if the specialist does not wish to use the form below, please ensure that this document:**

* is less than 2 years old.
* duly dated and signed.
* mentions the following 4 points:

1. The diagnosis for which you are requesting special arrangements for examinations (according to ICF/CIM or DSM)

2. The functional limitations resulting from your medical condition and how these affect your ability to take exams.(This is the justification of your request for a special arrangement when you take the exam).

3. The probable evolution of your medical condition, mentioning whether a treatment has recently been introduced or is planned to be introduced in the near future.

4. Precision of the additional time recommended for completion of written and/or oral examinations (e.g. 20%, 33% etc) and/or other support measures or means that would enable you to overcome the impact of your limitations.

To be completed by the specialist treating the health problem

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| --- | --- |
| **Specialist’s Last name/First name** |       |
| **Medical speciality** |       |
| **Practice/Office Address** |       |
| **E-mail address** |       |
| **Telephone number (work)** |        |

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| --- | --- |
| **This document concerns** | Name :      First Name :      Date of birth :       |

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| 1. **Diagnosis (according to ICF/CIM or DSM)?**
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|       Date of diagnosis?       |

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| 1. **What are the functional limitations of the diagnosis for which an arrangement is being requested?**

**Please specify why an arrangement for following courses and/or taking exams is necessary?**  |
|        |

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| 1. **Foreseeable evolution (permanence, progression or decrease) of the health condition?**
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|        |
| For **accidents** (fractures, sprains, etc...), this certificate is valid until :       |

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| 1. **Has any treatment been recently introduced, or is planned for the near future, that could modify the person’s current limitations?**
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|        |

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| 1. **Support measures recommended to improve study/exam performance**
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| **Courses**Is a special arrangement during courses recommended? [ ]  Yes [ ]  NoIf yes, please specify:      **Exams****Additional time for exams** * Written : [ ]  20% (1/5) [ ]  33% (1/3) [ ]  other :       %
* Oral :
* Preparation [ ]  20% (1/5) [ ]  33% (1/3) [ ]  other :       %
* Response [ ]  20% (1/5) [ ]  33% (1/3) [ ]  other :       %

**Recovery of time spent on:** [ ]  **treatment** [ ]  **a break** [ ]  **eating/drinking** (e.g diabetes, migraine, malaise, etc.) up to a maximum of one third of the exam time. **Other recommended arrangement(s):** [ ]  Use of electronic tablet with keyboard, stylus and Notability software (word processor)☐ Seating away from sources of noise in the room☐ Wearing of noise-cancelling hearing protection (non-electronic device)[ ]  Other(s):        |

Date :

Signature of specialist (handwritten) + stamp :………………………………………………………..

****The request should be sent to sae.amenagements@epfl.ch in a **single PDF** document

and in the **following order:**

1. Application form
2. Report and/or assessments
3. Other documents related to the request and decisions from educational institutions previously attended (if provided)