



Pamukkale University
Disabled Student Unit Coordinatorship
Service Application Form



Name

Surname:

Department:

E-mail Address:

Student's Number:

Class:

Phone Number

Disability Type (You can mark all the types of disabilities that you can document)

<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Chronic Diseases
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Autism/Asperger Syndrome
<input type="checkbox"/> Language / Speech Disorder	<input type="checkbox"/> Attention Deficit/Hyperactivity Disorder
<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Emotional/Psychological
<input type="checkbox"/> Bodily/ Physical Disability	<input type="checkbox"/> Other (Please Specify):

What adaptations do you request to take advantage of if deemed appropriate?

<input type="checkbox"/> Recording Audio in the Classroom
<input type="checkbox"/> Braille Exam Material
<input type="checkbox"/> Course Partner (Student/students studying in the same class)
<input type="checkbox"/> Taking a Photo of the Image/Board Used In the Classroom
<input type="checkbox"/> Course Material in an Alternative Format (Broadsheet, large point, etc.)
<input type="checkbox"/> Writer/Reader for The Exam
<input type="checkbox"/> Increase Exam Time (%)
<input type="checkbox"/> Class Change/Class Seating Preference
<input type="checkbox"/> Other (Please Specify):

Indicate how your disability status leads to restrictions in the environment where you study:

I declare that the information I have specified in this form is correct. I understood that I needed to make an official certification (health report) about my disability status for the adaptations I requested. I agree that reasonable adaptations will be determined after detailed examination and transmission to the relevant department by the DSU.

Date:

Signature: