



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?

- ☐ Recording Audio in the Classroom
- ☐ Braille Exam Material
- ☐ Course Partner (Student/students studying in the same class)
- ☐ Taking a Photo of the Image/Board Used In the Classroom
- ☐ Course Material in an Alternative Format (Broadsheet, large point, etc.)
- ☐ Writer/Reader for The Exam
- ☐ Increase Exam Time (%)
- ☐ Class Change/Class Seating Preference
- ☐ 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: