REUQEST FORM FOR PERSONALISED EXAMS FOR STUDENTS WITH DISABILITIES

Will be accepted only requests sent by the institutional unicam domain at the email address richieste.disabilidsa@unicam.it

N.B: The request must be submitted within 15 working days to the examination date due to the inability to access the service. We remind you that these 15 days are needed to agree with the tutor the custom exam mode, as required by law (17/99). If you no longer have to undergo the exam or there is any variation in your request, please notify them as soon as possible.

1. PERSONAL DATA:

1a. NAME:

1b. SURNAME:

1c. PHONE NUMBER:

1d. E-MAIL:

1. UNIVERSITY DATA

2a. Which degree course are you enrolled in?

2b. What is your matriculation number?

1. DISABILITY DATA

3a. Which kind of disability do have you? - please specify

1. INFORMATION RELATED TO THE EXAM

4a. What is the subject for which you want to require the personalised exam?

4b. Who is the Professor?

4c. Date and time when the exam will take place:

4d. Place where the exam will take place:

1. REQUEST

5a. How does the exam normally take place?

□ Oral

□ Written: specify the type

* Exercises to do
* Open questions
* Multiple choices test
* computer exercises

how long is usually the exam:

* 30 minutes
* 45 minutes
* 1 hour
* 1 hour, 30 minutes
* 2 hours
* 3 hours
* 4 hours
* Other (specify):

□ Laboratory (specify)

5b. In consideration of your disability, what are the difficulties you might face for this exam?

5c. Which kind of personalised exam do you want to ask for?

□ Oral

* room and designated position
* computer aids
* splitting up
* location with a limited number of distracting factor
* consultation of conceptual maps
* consultation of formularies
* LIS interpreter
* other (specify):

□ Written

* room and designated position
* computer aids
* additional time
* splitting up
* location with a limited number of distracting factor
* use of non-scientific calculator
* reader aid
* consultation of conceptual maps
* consultation of formularies
* Multiple choises test
* computer exercises
* writer aid
* other (specify):

□ Laboratory

* support during activities (specify):

INFORMATION IN ACCORDANCE WITH ART. 13 D. lgs. 196/2003 (Personal Data Protection Code) and GDPR 2016/679

Dear Customer, we inform you that the data collected through this module will be processed in order to monitor the number and needs of disabled students, to orient the University's answers to them .

The processing will take place electronically or in paper form (registration, storage and archiving of documents. All collected data will be protected by passwords or confidential archives and will be handled exclusively by the technical staff of ASSINT - Disabled Student Reception Service). The provision of data is optional; Non-delivery may nevertheless result in the inability to benefit from any ad hoc benefits and facilities.

By indicating your phone number you accepted the possibility of being contacted by phone (for any request for clarification, to agree on the date of an in-depth interview, etc.).

The data is handled by the Disability Student Reception Service and by the administrative and departmental structures involved in delivering of the specific services and benefits for the accounting and administrative purposes that will emerge in the handling of the proceeding, the data will not be communicated to other entities outside the University if not in aggregate form.

The owner of the treatment is the University of Camerino. The Responsible for the treatment is the Head of the ASSINT – Disabled Student Reception Service of the University of Camerino.

We inform you as an interested subject that you will be able to exercise, by submitting an We inform you as an interested subject that you will be able to request, by submitting an application to the Responsible, the updating, integration or rectification of data at any time, their transformation into anonymous form or deletion, and finally the blocking of data processed in violation of law.

The undersigned declares to have read the above information and to give its consent to the processing of the data provided.

• I accept (mandatory)  
 • I do not accept.