**Arrangement application form in case of disability/chronic illness/accident for**

* courses and exams
* part-time studies during the 1st year Bachelor program only (for any other requests regarding part-time studies, please refer to this [page](https://www.epfl.ch/education/studies/en/special-study-arrangements/part-time-studies/))

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

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

1. **Arrangements for courses**

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

1. **Arrangements for exams**

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

1. **Arrangements for part-time studies during the 1st year bachelor program**

|  |
| --- |
| **Do you need specific arrangements to be able to study part-time?** |
|      Percentage rate :      Duration :       |

1. **Impacts of your diagnosis**

|  |
| --- |
| **How does your medical condition affect your everyday life during your studies?** |
|       |

|  |
| --- |
| **Have youreceived special study arrangements previously from other educational institutions?** |
| [ ] Yes(I enclose my previous approval form) [ ]  No  |

|  |
| --- |
| **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 |

|  |
| --- |
| **Would you need an interview to discuss any needs you may have to facilitate** **your integration into EPFL?** |
| If yes, please send an email to sae.amenagements@epfl.ch requesting an appointment and suggesting some dates and times that are convenient to you).  |

Date :

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