**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/))

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

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| --- |
| **Which disability or illness do you suffer from?** |
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1. **Arrangements for courses**

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

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| **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**

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

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 |

|  |  |
| --- | --- |
| **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 you may have to facilitate**  **your integration into EPFL?** |
| If yes, please send an email to [sae.amenagements@epfl.ch](mailto:sae.amenagements@epfl.ch) requesting an appointment and suggesting some dates and times that are convenient to you). |

Date :

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