

**Student's application for registration in the Evidence of students with specific needs at
the University of Veterinary Medicine and Pharmacy in Košice
and consent to assessment of specific needs of the student**

*in line with Section 100 of the Act No. 131/2002 Coll. on Higher Education Institutions and on Amendment of
Certain Acts, as amended (hereinafter "the Act")*

Surname, name, title of the student:

Date of birth:

Permanent address:

Phone number:

E-mail:

Study programme:

Level of study¹: a) 1st b) 2nd c) joint 1st and 2nd d) 3rd

Type of disadvantage²:

- a) sensory disability, physical disability, multiple disability,
- b) chronic disease,
- c) health impairment,
- d) mental illness,
- e) autism or other pervasive developmental disorder,
- f) learning disabilities (dyslexia, dysgraphia, dysortography, etc.).

For the purpose of assessment of specific needs I attach in the Annex to this application:

- a) medical certificate not older than three months (medical finding, disease and disability progress report or medical certificate or other medical report), or
- b) standpoint of a psychologist, a speech therapist, a school psychologist, a school speech therapist or a special pedagogue.

In connection with the above-mentioned type of disadvantage, I am applying for registration in the Evidence of students with specific needs.

Date:

Signature of the student

¹ Indicate one of the options

² Indicate relevant disadvantages by underlining