

**APPLICATION**  
**of applicant with Specific Needs for the modification of the form of entrance examination**  
**and the method of its execution with regard to their Specific Needs**

(Section 57 paragraph 4 and Section 100 of the Act No. 131/2002 Coll. on Higher Education Institutions and on Amendment of Certain Acts, as amended and Directive on Support of Students and Applicants to Study with Specific Needs at the University of Veterinary Medicine and Pharmacy in Košice)

Name and surname: ..... Title: .....

Date of birth: .....

Permanent address: .....

Email address: .....

Phone number: .....

Academic year: .....

Study programme: .....

Type of disability/Specific Needs:

- a) visual impairment,
- b) hearing impairment,
- c) physical impairment,
- d) chronic illness,
- e) health impairment,
- f) psychological illness,
- g) autism or other pervasive developmental disorders,
- h) learning disabilities,
- i) other: .....

1. Due to my Specific Needs, I request appropriate modification and support services during entrance examination (specify required form of execution of the entrance examination and the necessary support services):

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2. I agree with the assessment of my Specific Needs in order to determine the form of the entrance examination and method of execution of the entrance examination with regard to my Specific Needs.

For the purposes of assessment of my Specific Needs I attach:

- 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 or a special pedagogue.

Date:

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Applicant's signature

**Note:** The application together with relevant documentation shall be addressed in the written form to the Study Office for Study Programmes in English Language of the UVMP in Košice.