



## Unit for Students with Disability Application Form

Name-Surname :  
Student ID :  
Faculty or Schools :  
Graduate Schools/Doctoral Programs :  
Department, Level :  
Phone Number :  
E-Mail :

### Type of Disability

- |  |  |
|--|--|
| <input type="checkbox"/> Visual Impairment                   | <input type="checkbox"/> Hearing Disability            |
| <input type="checkbox"/> Physical Disability                 | <input type="checkbox"/> Speech disorders              |
| <input type="checkbox"/> ADD                                 | <input type="checkbox"/> Psychological Disorders       |
| <input type="checkbox"/> Mental Disorders                    | <input type="checkbox"/> Dyslexia and ADHD             |
| <input type="checkbox"/> Chronic Fatigue                     | <input type="checkbox"/> Asperger's Syndrome or Autism |
| <input type="checkbox"/> A Temporary Disability              |  |
| <input type="checkbox"/> Other Disabilities – Please Explain |  |

### Supports that you expect to make your life easier during your university education

- |   |   |
|---|---|
| <input type="checkbox"/> Additional time for exam or project (%.....)         | <input type="checkbox"/> Oral examinations  |
| <input type="checkbox"/> Examinations in a separate room with room supervisor | <input type="checkbox"/> Enlarged materials |
| <input type="checkbox"/> Recording of the course                              | <input type="checkbox"/> Braille materials  |
| <input type="checkbox"/> Other  |   |

### Term that you request for support

- |  |  |
|--|--|
| <input type="checkbox"/> Fall Semester   | <input type="checkbox"/> Summer School |
| <input type="checkbox"/> Spring Semester | <input type="checkbox"/> Academic Year |

### Please add below, other informations you think we need to evaluate

.....

**Signature:**

**Date:**

You must provide a valid and official medical report Indicating your disability

All personal data shared with the Unit for Students with Disability will not be shared for any purpose other than the data processing conditions and purposes specified in the provisions of the Law on the Protection of Personal Data ("LPPD") and "Istanbul Bilgi University Information Notice and Letters of Consent for the Processing of Personal Data of Students" published on [www.bilgi.edu.tr/media/uploads/2018/02/22/ki-s-i-sel-veri-leri-n-koronmasi-hakkinda-bilgi-lendi-rme-ogrenci-eng-4ekim16.pdf](http://www.bilgi.edu.tr/media/uploads/2018/02/22/ki-s-i-sel-veri-leri-n-koronmasi-hakkinda-bilgi-lendi-rme-ogrenci-eng-4ekim16.pdf), unless your written consent is obtained. Statistical information will be ensured to be produced anonymously in a manner to make identification impossible.

By signing the Application Form of Unit for Students with Disability, our students with disability agree that they have given their consent for sharing data with the University staff and university's external support providers in order to ensure that they can continue with their courses, access all academic materials and all units at the campuses, participate in activities carried out at Bilgi and that they can meet all their specific requirements in relation to their disability.