

**PERSONALIZED EXAMINATION REQUEST FORM**

Send to the professor in charge of teaching and in cc to the Departmental Contact Person and the Centro Accoglienza e Inclusione at least 10 working days before the scheduled date of the exam, otherwise the service cannot be provided.

INFORMATION: Data processing in accordance with art. 13 Legislative Decree 196/2003 and EU Regulation 2016/679 and Legislative Decree 101/2018

**PLEASE FILL OUT THE FORM IN ITS ENTIRETY!**

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| --- | --- |
| **Last and First Name**  **Matriculation number**  **Course**  **Course Year** |  |
| **Professor’s Last and First name** |  |
| **Exam title** |  |
| **Day and time of the exam:**  **(if you don't know them yet please indicate the month or session)** |  |
| **What compensatory/**  **dispensatory**  **are you asking for?** | □ Additional time (30% or 50% in case of disability)  □ More time to reflect on the answer during the oral exam  □ Use of the PC  □ Vicarious reading (tutor reader)  □ Use of the calculator  □ Consultation of concept/mental maps (keywords only)  □ Consultation of schemes (keywords only)  □ Consultation of formularies (formulas only)  □ Consultation of Dictionaries/Codes/Regulations  □ Conversion of the written exam into oral exam  □ Conversion of the oral exam into written exam  □ Division of the examination into several partial tests  □ Variation in test type (e.g., open-ended questions instead of multiple-choice tests)  □ Evaluation of content rather than form  □ Evaluation of procedures rather than results   * Interview for first or last (in case of oral examination) * Interview without auditors (in case of oral examination)   □ Other …………………………………………………………………….. |

**ATTENTION**

**CONCEPT/MENTAL MAPS, SCHEMES and FORMULARIES must be submitted at least 7 DAYS prior to the exam date for approval by the instructor(s).**