

**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).**