

Registration Form

for using the supports and services
of the Center for Students with Disabilities

Personal Data

Name of student:		
University student number:	National ID number:	
Faculty of University:		
Field of study:	Year:	Course:
Phone number:	E-mail:	
Address:		

Information about Disabilities

Degree of disability	I group <input type="checkbox"/>	II group <input type="checkbox"/>	III group <input type="checkbox"/>	
Types of disability	Physical disability <input type="checkbox"/>	Speech disability <input type="checkbox"/>	Partially Sighted <input type="checkbox"/>	Completely visually impaired <input type="checkbox"/>
A brief description of disability				
A document proving Disability			Date of issue and valid till:	

Difficulties which may be encountered during the process of study and kinds of supports and services expected

Date _____

Signature _____