



Application Form - Course Access Arrangements

Students must complete and submit this application form at the commencement of their course of study

Student's Details

First Name: _____ Surname: _____

ID Card No: _____ Date of birth: _____

Address: _____

Locality: _____ Candidate's Contact No: _____

Other Contact No: _____ EU Disability Card No. (optional): _____

Condition/Disability/Impairment: _____

Email: _____

Course of study: _____

Faculty: _____

Year of commencement of course: _____ Part-Time: _____ Full-Time: _____

Have you ever requested access arrangements (AAs) before? _____

If yes, what AAs did you qualify for: _____

Evidence / Reports	
Please mark the evidence / reports attached with this form. Kindly ensure that reports satisfy requirements set in "The University of Malta Access Arrangements, 2018.	
Psychologist's Report	
Psychiatrist's Report	
Relevant Consultant's Report	
Ophthalmologist's Report	
Audiologist's Report & Audiogram	
Rheumatologist's Report	
Occupational Therapist's Report	
Neurologist's Report	
ADSC/MATSEC Access Arrangements Letter	
Speech Language Pathologist's Report	
Other (lease specify):	

Course Access Arrangements		Approved by ADSC	Other Comments
Please indicate what access arrangements you are requesting			
Copies of lecture note/slides (preferably in advance)			
Recording of lectures			
Flexibility with deadlines for course work and assignments			
Use of relevant equipment during lectures			
Permission to stand during lectures			
Permission to leave the room			
Accessible venue			
Recommendations for external (non-University) support			
Extension for the course deadline			
Assistance from UM Occupational Therapy			
Other:			
Other information you may wish to provide to motivate your request:			

Will you be applying for examination access arrangements? Yes _____ No _____

Data Protection and Confidentiality

I, the undersigned, have read and understood the ADSU's Data Protection and Confidentiality Statement (<https://www.um.edu.mt/access>), and agree that, in accordance with such Statement:

- (i) UM employees and third parties who are responsible for effecting access arrangements and enabling the provision of the service are informed about my **access arrangements**.

I understand that this is required for the provision of the service.

Yes ____ No ____

- (ii) The UM employees and third parties mentioned in (i) are also informed about my **condition/diagnosis**. Yes ____ No ____

Name & Surname: _____ Signature _____

Date: _____