



REQUEST FOR SPECIAL NEEDS STUDENT STATUS

Student _____, permanent address _____
 (first and last name)

_____, and student ref. number _____,

e-mail _____,

in the _____ academic year enrolled in year _____ of (please circle the correct programme):

BUN-RI BVS-RI BM-RI BUN-RM BM-PRI BDR-RI

requests the Committee for Study Affairs to grant him/her the status of a student with special needs.

Difficulties, physical disabilities or special needs:

Documents enclosed (circle):

- Opinion of the committee for the guidance of children, minors and younger adults with special needs
- Opinion of a disability committee
- Other: _____

Submitted on (date): _____

Signature: _____

To be completed by FRI

Date of receipt of application:

Date the application was processed:

Decision: