



UNIVERSITÀ  
DEGLI STUDI  
DEL MOLISE

**EXAMINATION FOR ADMISSION  
SUPPORT REQUEST FOR DISABLED AND SLDs CANDIDATES**

To deliver or send, within the deadlines set out in the Notice of Competition, to:

**Centro servizi per studenti disabili e studenti con DSA  
Secondo edificio polifunzionale – Via F De Sanctis, snc, 86100 Campobasso  
E mail: [disabiliabili@unimol.it](mailto:disabiliabili@unimol.it)  
Tel. e Fax 0874/404.842**

**To Centro servizi per studenti disabili  
e studenti con DSA  
Università del Molise**

The undersigned \_\_\_\_\_  
born in \_\_\_\_\_  
(province/Country) \_\_\_\_\_  
on \_\_\_\_/\_\_\_\_/\_\_\_\_ tax code \_\_\_\_\_  
citizenship \_\_\_\_\_  
resident in \_\_\_\_\_  
(province/Country) \_\_\_\_\_  
Postal code \_\_\_\_\_ address \_\_\_\_\_  
e-mail \_\_\_\_\_  
telephone \_\_\_\_\_ mobile \_\_\_\_\_

having submitted application for the admission to:

- ☐ Laurea triennale (Bachelor degree)
- ☐ Laurea magistrale a ciclo unico (One-cycle Masters Degree)
- ☐ Laurea magistrale (Masters Degree)
- ☐ Dottorato/Scuola di Specializzazione (PhD/Specialization course)
- ☐ Tirocinio Formativo Attivo (TFA)
- ☐ Percorsi Abilitanti Speciali (PAS)

in \_\_\_\_\_

### DECLARE

- ☐ To be a disable with the following percentage \_\_\_\_\_%, as certified on \_\_\_\_\_ by the competent Commission/INPS (**copy attached**);
- ☐ To have been recognized handicapped in accordance with the Law 104/1992, as certified on \_\_\_\_\_ by the competent Medical Commission (**copy attached**).

Or:

- ☐ To be affected by SLD, as diagnosed on \_\_\_\_\_ from the competent Doctor or Structure \_\_\_\_\_ (**copy attached**);

### REQUIRE

That, in accordance with the Law n. 104/1992 and the Law n. 170/2010 and subsequent modifications, for the purposes of the participation at the admission examination I am supported with the following supplies/instruments, in relation to my condition  
*[tick and fill in as appropriate]:*

- ☐ Presence of a tutor during the examination procedure having the task of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Technic/informatic supplies (*specify*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As determined by the following sanitary structure:

on \_\_\_\_\_ with relative certification (**copy attached**);

☐ extra time of \_\_\_\_\_ minutes,

☐ Other compensational instruments (*specify*) :

---

---

---

As determined by the following sanitary structure/specialist or credited structure  
\_\_\_\_\_ on \_\_\_\_\_ with  
relative certification (**copy attached**).

**DECLARE of being aware that:**

- the request cannot be considered without proper certification and - in case of extra time – certification issued by the competent medical-legal commission;
- in case of false declarations and use of false certificates, will be prosecuted by the criminal code and the special laws concerning disabilities;;
- will relinquish from the benefits acquired on the basis of false declarations;
- the decision following the request is taken by the President of the Board of Examiners considering the proposition of the Rector's delegate.

Advisory notice for the treatment of personal data in accordance with art. 13 of the Law of 30 June 2003, n. 196 "Code concerning personal data protection"

*The personal data will be treated by the University of Molise in accordance to what set out in the Law n. 196 of 30 June 2003 for the purposes of the examination procedure.*

Campobasso, \_\_\_\_\_

Signature \_\_\_\_\_



**CENTRO SERVIZI PER STUDENTI DISABILI E STUDENTI CON DSA**  
Università Degli Studi Del Molise  
II EDIFICIO POLIFUNZIONALE I VIA F. DE SANCTIS SNC I 86100 CAMPOBASSO  
e-mail [disabilitabili@unimol.it](mailto:disabilitabili@unimol.it) I telefono e fax 0874 404842