**EQUAL OPPORTUNITIES FORM**

**Modification to the conditions of studying for students with special needs**

(1) PERSONAL DETAILS

|  |  |  |
| --- | --- | --- |
| NAME: \_\_\_\_\_\_\_\_\_\_\_ | NEPTUN CODE: |  |
| FACULTY, MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Bachelor’s  Master’s  undivided (5 year course) | Full-time  part-time | government sponsored  self-funded |
| Year of registration: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Notification address: |  |  |
| Phone: |  |  |
| E-mail: |  |  |

I would like to receive information about programs, events, courses, applications related to equal opportunities. YES NO

I agree to disclose my e-mail address to students or applicants with equal disabilities.

YES NO

(1) INFORMATION FOR ASSISTANCE

TYPE OF DISABILITY (please attach certification)

Motor impairment

Hearing impairment

Visual impairment

Aphasia

Psychological development disorder (dyslexia, dysgraphia, dyscalculia, hyperactivity, attention deficit disorder, behavioural dysregulation ) - the appropriate one is to be underlined

Autism spectrum disorder

Other (temporary or permanent health damage –

Disease, accident) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFECTED AREAS:

|  |  |  |  |
| --- | --- | --- | --- |
| Transportation | Participation in the course | Taking notes | Testing |

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(2)** **SPECIAL NEEDS**

1. MODIFY TESTING AND REQUIREMENTS

Modify testing type (oral, written)

Oral test instead of written test

Written test instead of oral test

Increase testing time (max. 30%)

Questions to be displayed visually

Special tools to be used during lessons

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TOOLS, SERVICES

Personal support, format:

Rent of tools, demand:

Modified format of the curriculum:

* Large font size
* Alternative file format
* Voice recording

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information provided shall be used exclusively for statistical purposes without disclosing the details of the Person Concerned. The Equal Opportunities Coordinator shall disclose any personal data to any other person with the consent of the Person Concerned.

I agree that the BME HSZI Student Services Department stores and treats my personal data in accordance with Act LXIII of 1992 on the protection of personal data and the publicity of data of public interest.

|  |  |
| --- | --- |
| DATE | SIGNATURE |