

**YAŞAR UNIVERSITY**

**UNIT FOR STUDENTS WITH DISABILITY**

**LETTER OF ADAPTATION**

 **……/ ….. /20…**

**TO THE HEAD OF THE DEPARTMENT OF ………………………**..,

|  |  |
| --- | --- |
| Student's Name and Surname |  |
| Student Number |  |
| Identification Number |  |
| Institute / Faculty / School |  |
| Department / Program |  |
| Disability Situation |  |
| E – Mail Address |  |
| Phone NumberStationary Telephone NumberEv Telefonu |  |

Regarding the attached medical report and the opinion of the Psychological Counseling Unit for the student mentioned above with his/her disability and with his/her identification number, in the framework of the “Education and Examination Procedure and Principles for Students with Disability”, the necessary adaptation to the student was settled at the meeting of the Unit for Students with Disability in ……………. and numbered ……………. Thus, we kindly ask you to execute the necessary education and examination procedure for the student.

Professor Dr. Ali Nazım SÖZER

 vice-Chancellor

APPENDICES:

Annex 1: Student's Statement of Claim

Annex 2: Updated Report of the Disability Health Board

Annex 3: Psychological Counseling and Guidance Unit Opinion Report