

**YAŞAR UNIVERSITY**

**UNIT FOR STUDENTS WITH DISABILITY**

**ADAPTATION REQUEST FORM**

 **……/ ….. /20…**

**TO THE RECTORATE OF YASAR UNIVERSITY,**

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

By taking into account the ID information, the program I am registered and the current health report presented in the appendix, I, hereby, propound the justıfıed adaptatıon request form to be prepared and be sent to the relevant academic unit and to me.

 Name and Surname:

 Signature:

Annex: Updated Report of the Disability Health Board