

**T.C.**

**YAŞAR UNIVERSITY**

**UNIT FOR STUDENTS WITH DISABILITY**

**ADAPTATION EVALUATION & SUGGESTIONS FORM**

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|  **……/ ….. /20…****TO YAŞAR UNIVERSITY RECTORATE,** |
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| --- | --- |
|  Name – Surname of the Student |  |
|  Student Number |  |
|  Turkish ID No of the Student |  |
|  Institute/Faculty/Vocational S. |  |
|  Department/Program |  |
|  Disability |  |
|  E-Mail |  |
|  Telephone Number |  |

  Taking into consideration the identity information, registered program and current medical report presented in the attachment, I would like to submit an evaluation for an accommodation document to the relevant person in accordance with the following reasons.Reasons for accommodationMedical Determination:Psychological Determination:Suggestions for Accommodation: Psychological Counseling and Guidance Unit Psychologist Zeynep Melis KÖSEOĞLU SUVEREN |