

**T.C.**

**YAŞAR UNIVERSITY**

**UNIT FOR STUDENTS WITH DISABILITY**

**ADAPTATION EVALUATION & SUGGESTIONS FORM**

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| **……/ ….. /20…**  **TO YAŞAR UNIVERSITY RECTORATE,** |
| |  |  | | --- | --- | | 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 accommodation  Medical Determination:  Psychological Determination:  Suggestions for Accommodation:  Psychological Counseling and Guidance Unit  Psychologist Zeynep Melis KÖSEOĞLU SUVEREN |