

**T.C**

**YAŞAR UNIVERSITY**

**UNIT FOR STUDENTS WITH DISABILITY**

**REPRESENTATIVE MEETING FORM**

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| **……/ ….. /20…**  **TO ……………………….. DISABLED STUDENT UNIT** |
| |  |  | | --- | --- | | Name – Surname of the Student |  | | Student Number |  | | Turkish ID No of the Student |  | | Institute/Faculty/Vocational S. |  | | Department/Program |  | | Disability |  |   The meeting was made with the above-mentioned student, in accordance with the “Consideration and Suggestion Form for Accommodation”. Regarding the reasonable accommodations listed below, the faculty members of the students were informed and the necessary adaptations were fulfilled.    Meeting Notes:  Reasonable Accommodations (If there is any):    Department of …………….,  Person in Charge for Disabled Students  …………………………………………  Signature |

*\* The representative of Disabled Student Unit makes interviews at least twice in the relevant academic semester, transmits the scanned copy of the signed form to Disabled Student Unit via e-mail. (*[*eob@yasar.edu.tr*](mailto:eob@yasar.edu.tr) *)*