

**APPLICATION FOR ADJUSTMENT
OF THE EXAMINATION/CREDIT FORM**

Warsaw, on _____

Name and surname

Student no.

I would hereby like to request the following modifications to be introduced into the form of the **oral/written** examination/credits*:

1. extending the examination time by (_____)%;
2. allowing to take the examination/credit in electronic form with the possibility to write using a computer with specialist programs enabled for

- screen reading (please specify)

- magnification (please specify)

- persons with dyslexia (Balabolka);

- _____

* please mark the appropriate answer

3. taking the examination/credit using an alternative keyboard/mouse, etc. (device name)

_____;

4. providing the examination/credit sheet using a modified font size:

- font type (_____),
- font size (_____),
- bold* **yes/no**,
- line spacing (_____);

5. provide the examination sheet in braille alphabet;

6. other modification (specify)

(_____)

Examination/credit list (please complete separately for each examination/credit):

1. full course name _____

2. name and surname, e-mail address of the person conducting the examination/credit

3. date of examination/credit

4. time of examination/credit _____

5. place of examination/credit (address with building designation and room no.)

6. type of examination/credit (test with open-/closed-ended questions, descriptive, other) (_____)

Student's signature

* please mark the appropriate answer