A.Y
(indicate the academic year)

DECLARATION OF DYSLEXIA AND SPECIFIC LEARNING DISORDERS (D.S.A.)

REQUIRED FOR THE SELECTION EXAM FOR COURSES WITH A PROGRAMMED NUMBER OF STUDENTS

To the Magnificent Rector of the University of Parma

I, the undersigned			
D.O.B	. Place of birth		
CF (Italian Tax Code)		Nationality	
Resident in (city)		Province	CAP
Street Address			
tel:	.cell	e-mail	

- state that I am aware that in the event of false declarations, forgery and use of false documents that I will incur the penalties laid down in the Criminal Code and in the relevant laws:
- and also that I shall forfeit, with retroactive effect, the benefits deriving from the measure measure issued on the basis of a false declaration;

* If I pass the test and enrol at the University of Parma, I undertake to submit, by 30 April 2024, the updated certification

I am aware that the following requirements must be agreed in advance with the agreed with the President of the Commission

I request

provided for by Law 170/2010 and subsequent guidelines (it is possible to choose one or more of the compensatory measures listed below):
□ additional time (equal to 30% more)
□ possibility of being supported by a tutor reader/writer
□ basic calculator (tick only if dyscalculia diagnosis is present - diagnostic code ICD-10 F81.2 or F81.3)
(date & place)
(signature)

N.B. This form should be sent from your university email address to: protocollo.cai@unipr.it (if sent from your personal e-mail address, please attach a copy of your copy of an identification document) by the deadline for registration for the selection exam.