



UNIVERSITÀ  
CATTOLICA  
del Sacro Cuore

## Request for special accommodations module

I, the undersigned \_\_\_\_\_

Born in (city of birth) \_\_\_\_\_ Tel/Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Home address \_\_\_\_\_

Permanent disability  Temporary disability  Learning disorder

Type of disability: Visual  Motor  Auditive

Others \_\_\_\_\_

Type of learning disorder: Dyslexia  Dysgraphia  Dyscalculia

Dysorthography  Others \_\_\_\_\_

With reference to the Entrance Exam for admission to \_\_\_\_\_

Degree Programme from the School of Medicine of UCSC – Università Cattolica del Sacro Cuore

**hereby request**

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Date, \_\_\_\_\_

Signature

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Please make sure to add to the present form a valid ID document of the applicant, and the official certification/s of your disability/learning disorder.

Send all the paperwork to the International Admission Office via email at [international.admissions-rm@unicatt.it](mailto:international.admissions-rm@unicatt.it). Make sure to do so within the deadlines set by the Admission Guidelines specific to the competition of your interest.

All data will be used anonymously in accordance with the law, and it will not be shared with third parties.