



UNIVERSITÀ
CATTOLICA
del Sacro Cuore

**COMPETITION FOR THE ADMISSION TO THE MASTER'S DEGREE PROGRAM IN
MEDICINE AND SURGERY "A. GEMELLI"
FORM TO REQUEST COMPENSATORY TOOLS**

for applicants ex. L 104/1992

I, the undersigned _____

Born in _____ Tel/Mobile _____

E-mail _____

Address _____

Permanent disability

Temporary disability

Type of disability: Visual

Motor

Auditive

Others

In order to participate to the Entrance Exam for the _____ Degree
Program of the School of Medicine and Surgery at University "Cattolica del Sacro Cuore -
A. Gemelli" - Rome

hereby request

Rome, _____

Signature

Please attach a copy of your ID document and the official certification of your disability.

It is mandatory to fill out this form in its entirety and forward it by e-mail to the International Office – Rome
(international.admissions-rm@unicatt.it).

All data will be used anonymously in accordance with the law and will not be shared abroad.