**Need for adaptad learning material – application form**

**(ELTE Disability Center)**

|  |  |
| --- | --- |
| Student name  |  |
| Student Neptun code |  |
| Have you already signed the „**Statement for receiving adapted learning material” form?**  | Yes/No (underline the suitable one) |
| Author and title of the learning material |  |
| Form of the adaptation (Pdf or Word)  |  |
| Deadline for the adaptation |  |
| Form of receiving the adapted material(personal or via e-mail)) |  |
| Other notes  |  |

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s signature[[1]](#footnote-1)

1. \* In t he case of a student with visual impairment, please provide the signatures, names and addresses of two witnesses. [↑](#footnote-ref-1)