**Attachment No. 2.**

**Statement for the need of plus credits for applying to courses**

Please, fill in this statement and send it via e-mail or hand in personally to the faculty disability coordinator during registration.

This statement is valid till its withdrawal.

I, the undersigned ……………………………………………….(name) …………………….(NEPTUN code)

take cognizance that according to the University’s Statutes II. vol. 60. § (1) that in the case of ranking exists among students applying for the same course, students with disability can get 1000 credits if they ask for it from their faculty disability coordinator during registration.

I declare that

I want to vindicate ………………………………………………………………I do not want to vindicate

my rights concerning application ranking (underline the suitable one)

Date:

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

Signature of the student[[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)