

## Academic Adaptation Student Application Form

Name Surname:	History:
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What type of disability do you have? Sensory <input type="checkbox"/> Physical <input type="checkbox"/> Psychological/Neurological <input type="checkbox"/>
What is the % of your disability?
Since what age have you been disabled?
Are there any other disabilities in your family?
What problems does your disability cause while watching lectures?
Do you have difficulty accessing course materials? What challenges?
What are the problems you experience in laboratories?
What are the problems you have with the exams?
What are the problems you face on campus and in the building?
Would you approve of your situation for faculty members to be aware of your situation?  If you approve, the faculty members of the courses you have enrolled in at the beginning of each semester will be informed and asked to arrange the exams for you in accordance with ITU Regulations.  I Approve <input type="checkbox"/> I Disapprove <input type="checkbox"/>

Note: The information you provide here will never be shared with third parties. This information will be used to improve our program and to guide the Faculty Members you have taken courses with during your undergraduate studies.