Request for Accommodation of Study and Exam Conditions

☐ First request to ITECH

☐ Accommodation to be reconsidered

Last name: …………………………………..

First name: ………………………………….

Date of birth: …………………………………

> Date of request:
>
> Signature:

Enrollment:

- Engineering student in: 1st year ☐ 2nd year ☐ 3rd year ☐
- Engineering apprentice in: ☐ APP 1 ☐ APP2 ☐ APP3
- Formulator and Color Technician: ☐
- Advanced Master's program: ☐
  Name of the Advanced Master's program: ……………………………………………………………………..…

Reason for the request

☐ **Disability situation** *

You will soon be called for an appointment with the school doctor, to whom you will provide any documents in your possession that may justify your request.

Please return this form to the accessibility services officer:

> **Louis ROY**
> **referent.handicap@itech.fr**

Additional information

☐ *I would like an appointment with the accessibility services officer*

☐ *I would like to receive university information on disability*

☐ **Other situation (please specify):**

…………………………………………………………

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Expectations and needs

Please freely express your expectations and needs related to your request:

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Please return this form to the academic office together with any documents in your possession that may justify your request.

* *A disability is defined as any limitation of activity or restriction of participation in social life experienced in one's environment due to a substantial, long-term, or permanent impairment of one or more physical, sensory, mental, cognitive, or psychological functions, multiple disabilities, or a disabling health disorder (Article L.114-1 of the French Code of Social Action and Families).*