

## FORM TO REQUEST SUPPORT DURING THE BOCCONI TEST

This form and the required attachments must be sent via email to [selection.support@unibocconi.it](mailto:selection.support@unibocconi.it) by and **NO LATER THAN** the deadline to submit the application for admission for your selection round; the subject of the e-mail must be: 'DISABILITY – LD'.

For further information or clarifications, please contact:

Phone nr. +39 02 58365133 Mon - Fri | hrs 8:30 - 12:30 and 14:30 - 16:30.

<b>Full name</b>	
<b>Place and date of birth</b>	
<b>username</b>	<b>3</b> _____
<b>Admissions test for</b>	<input type="checkbox"/> <b>Bachelor of Science or Law</b> <input type="checkbox"/> <b>Master of Science</b> <input type="checkbox"/> <b>Specialized Master</b>
<b>General disability</b> (as indicated in diagnosis)	<input type="checkbox"/> Dyslexia and/or dyscalculia or disability of a visual-spatial nature <input type="checkbox"/> Other disability .....
<b>COMPENSATORY and/or DISPENSATORY tools requested for taking the Bocconi test</b>	<input type="checkbox"/> ..... % additional time <input type="checkbox"/> Use of calculator <input type="checkbox"/> Use of forms <input type="checkbox"/> Use of PC with special software <input type="checkbox"/> Special seat or individual desk <input type="checkbox"/> Other.....

### Attachments

The undersigned, being aware of the criminal sanctions referred to in article 76 of Italian D.P.R. 445/2000 for instances of false documents and false declarations, **attaches and send via email this form together with:**

- copy of a valid **ID document**

***In case of dyslexia and/or dyscalculia and/or disability of a visual-spatial nature or other impairment:***

- copy of **certification**, issued in the last 3 years:
  - from the national healthcare system or organizations accredited to issue it
  - from other private organizations accredited to issue this kind of certifications  
(attach **self-certification of accreditation from the organization**, if not already explicitly indicated on the certification)
- copy of a **declaration concerning the support measures** on exams/tests granted by the school of origin during the last year (or the last year of high school/university if already graduated)

***In case of disability:***

- copy of the record of **verification of disability** (in compliance with article 3 of Italian Law n. 104/92) or copy of the record of **verification of legal disability**, of visual conditions or hearing impairment;

and hereby **declares that** the information attested in the attached documentation is still valid and has not been revoked, suspended or changed.

**Privacy consent:** Please read our "[Students and Alumni](#)" [privacy policy](#). Acknowledging that my personal data will be processed in accordance with the law, I confirm that I have read and understood the privacy statement and I authorize the handling of my data.

**Signature**

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

\_\_\_\_\_

**Signature of Parental Authority (only for students under 18)**

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