SUPPORT AND ACCESSIBILITY CENTRE
University of Lodz

UNIC

Application No (to be completed by employee of Support and Accessibility Centre of the University of Łódź): _____

Application for support

Academic year 2026/2027 semester: _____

Student details

Full name: _____

Students ID number: _____

Type of support

Please **mark with an X** the type(s) of support you require:

- ☐ Opinion regarding reasonable adjustments to the educational process/ alternative forms of assessments and exams
- ☐ Psychological support
- ☐ Psychiatric support
- ☐ Educational assistant for students with disabilities and/or special needs
- ☐ Specialist equipment for studying
- ☐ Transport support
- ☐ Other (please specify): _____

_____

Please provide a brief justification for you request for support (outlining the circumstances)

Declaration (mandatory)

☐ I declare that I am of legal age, I am not currently on academic leave or medical leave, and I have not been removed from the register of students or doctoral candidates of the University of Łódź.

Date and applicant's signature: _____

Please note that support is not mandatory. It is provided, to the extent possible, by the University of Łódź Support and Accessibility Center (CWiD UŁ), following an assessment of the student's or doctoral candidate's needs and in accordance with the Regulations on the Granting of Support. The final decision regarding the provision of support is made by an authorized representative at the University of Łódź Support and Accessibility Center.

Approval of the application

Date and employee's signature: _____

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