

**METU NCC Disability Support Unit  
Services Request Form**

**Application Date:** ...../...../.....

**Demographic Information**

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Name & Surname:

Student ID No:

Department:

Date of Birth:

Mobile Phone:

Home Phone (if available):

E-mail:

Address:

Class:  Prep Class     1st year     2nd year     3rd year     4th year  
 MA/PhD

Period of Enrollment at METU:

Name of High School Graduated From:

**Emergency Contact Information**

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Name & Surname (Relationship):

Phone Number:

**Disability Type (Please tick all disability claims for which you can submit evidence):**

- |   |  |
|---|--|
| <input type="checkbox"/> Autism spectrum disorder                 | <input type="checkbox"/> Blindness/Visual impairment             |
| <input type="checkbox"/> Specific learning difficulty             | <input type="checkbox"/> Psychiatric disorder                    |
| <input type="checkbox"/> Language/Speech disorder                 | <input type="checkbox"/> Deafness/Hearing impairment             |
| <input type="checkbox"/> Attention-Deficit Hyperactivity Disorder | <input type="checkbox"/> Movement difficulty/Physical impairment |
| <input type="checkbox"/> Chronic illness                          | <input type="checkbox"/> Acquired brain injury                   |
| <input type="checkbox"/> Other – Please specify:                  |  |
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**Please explain how your disability affects you in an educational setting:**

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**Have you been offered any special class and/or examination arrangement in your previous educational experience (at primary, secondary or high school level), or in the exams held by ÖSYM, due to your medical problems? Please give further details if your answer is ‘Yes’ to this question.**

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**In the space provided below, please include any other information that you believe relevant to the issue or that you believe the METU NCC Disability Support Unit should consider to identify the nature and type of support and special arrangement that you need.**

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**Which of the following support options would you select if you qualify for special arrangements?**

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|--|--|
| <input type="checkbox"/> Extra time (%_____)           | <input type="checkbox"/> Oral tests                                |
| <input type="checkbox"/> Large print course materials  | <input type="checkbox"/> Noise-free exam settings                  |
| <input type="checkbox"/> Accommodation/Dorm            | <input type="checkbox"/> Note takers                               |
| <input type="checkbox"/> Peers as partners in learning | <input type="checkbox"/> Course materials in an alternative format |
| <input type="checkbox"/> Classroom video recordings    | <input type="checkbox"/> Classroom seating arrangements            |
| <input type="checkbox"/> Other – Please specify:       |  |

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Semester for which the support is requested:  Fall  Spring  Summer

Academic year for which the support is requested: \_\_\_\_\_

Within the scope of the process of “Registration to the METU NCC Disability Support Unit”, your personal data is processed only to the extent necessary to fulfill the conditions specified by the KVK law. You can access the relevant informational text using the link provided below.  
[https://kvkk.metu.edu.tr/tr/system/files/aydinlatma\\_metinleri/REKTORLUK\\_BAGLI\\_BIRIMLER/Engelsiz\\_ODTU\\_Birimi/eob\\_birime\\_kayit\\_olma.pdf](https://kvkk.metu.edu.tr/tr/system/files/aydinlatma_metinleri/REKTORLUK_BAGLI_BIRIMLER/Engelsiz_ODTU_Birimi/eob_birime_kayit_olma.pdf)