

## Adaptations form for Students with needs

### Student Information

- First Name:
- Last Name:
- Passport number:
- Phone number:
- School of studies (U.P.M.):
- Email:
- Disability Certificate
- Specific Educational Needs (SEN)

### Educational adaptations requested (specify needs)

Date:

Sign:

- Disability Certificate, medical evidence of the applicant's disability, issued by a competent authority, previous supports requested and enrolment receipt will be attached with the request form.
- Adaptations will be requested every academic course.

I have been informed and I consent to my personal data being processed by the Polytechnic University of Madrid (Disability Attention Unit), responsible for this treatment, in order to manage all those aspects related to my request. I have also been informed that I can access, rectify and delete the data, as well as exercise other rights, in the terms indicated in the additional information, available at [Unidad Atención Discapacidad UPM](#)