

APPLICATION FORM FOR SPECIAL NEEDS UPM STUDENTS



PERSONAL INFORMATION
Name and Surname:
ID Tel.: E-mail:
School:
1º y 2º Cycle Undergraduate Master PHD and Postgraduate
NEEDS RELATED TO THE DISABILITY
TIPE OF DISABILITY
☐ AUDITIVE ☐ MENTAL ILLNESS ☐ PHYSICAL ☐ INTELLECTUAL ☐ VISUAL
Other Disabilities:
Certificate of the Level of Disability Level of Disability (%)
ACADEMIC NEEDS
PLEASE SPECIFY
<u>DATE</u> <u>SIGNATURE</u>

I have been informed and 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, under the terms indicated in the additional information, available at http://www.upm.es/uad