**REQUEST**

**to the Subcommittee for Matters Relating to Students with Disabilities**

Name/Year:………………………………………………………………………….....

Name of the Faculty / program:………………………………………………

Neptun code:………………………………………………………………………………

Tel. / e-mail:………………………………………………………………………………..

**Subject of the reguest**:………………………………………………………………….

**Short explanation:**

**Attachments:**

* Medical papers or documents proving the disability

Date:

……………………………..

 signature