



UNIVERSITÀ
DI TORINO

FORM FOR REQUEST THE TUTORING/SUPPORT TO COMMUNICATION

(deaf students)

Surname (student) _____ Name (student) _____

Study course _____ E-mail _____@edu.unito.it

A.Y. _____ 1st Semester 2nd Semester

This form must be sent **via e-mail to the office to** tutorato.inclusione@unito.it **within 15 days before the starting of the activity.** In case of belated request, the office needs 15 days to verify the availability of the peer tutors. The request will be evaluated by the office according to the specific certified difficulties and within the limits of the University budget.

Type of the requested activity:

TAKING NOTES DURING LESSONS (the applicant must attend the course/s):

with tutor

with LIS interpreter/support communication

Name of the course	Teacher/s	Credits	Timetable	Starting and final date of the course	attending modality	Place and venue of lessons
					<input type="checkbox"/> in presence <input type="checkbox"/> on-line	
					<input type="checkbox"/> in presence <input type="checkbox"/> on-line	

SUPPORT FOR PREPARING EXAMES (STUDYING SUPPORT):

with tutor

with LIS interpreter/support communication

Name of the course	Teacher/s	Credits	Session or date of the exam to sit

POSSIBLE NOTES OF OTHER COURSES (they could be provided only if available in the office):

Name of the course	Teacher/s	Credits

POSSIBLE SUPPORT FOR ADMINISTRATIVE PURPOSES (please, specify):

Date _____

Signature _____