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 date of the course	Final date of the course	Place and venue of lessons

☐ **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 SUPPORT FOR ADMINISTRATIVE PURPOSES** (please, specify):

_____

_____

Date _____ Signature _____