

# Special Needs Consideration Form

## To the Attention of the Gender & Diversity Party

Students with special needs who seek special consideration must complete the Special Needs Consideration Form and include all necessary supporting documentation. This process is voluntary and confidential and should take place prior to the commencement of the semester. **Please note:** Please submit your completed Special Needs Consideration Form to any of your Gender & Diversity Party (GDP) members or by email to [gdp@modul.ac.at](mailto:gdp@modul.ac.at). Following submission of the form, the GDP will review the case and inform the student of the outcome.

### To be Completed by the Student:

Student Name	<input type="text"/>	Student ID	<input type="text"/>
E-mail	<input type="text"/>	Study Program	<input type="text"/>

### STEP 1: Please indicate the reason/s for your Special Needs Consideration request:

- |                                                    |                                                    |                                                 |
|----------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Physical                  | <input type="checkbox"/> Deaf / Hearing Impairment | <input type="checkbox"/> Learning Disability    |
| <input type="checkbox"/> Psychological             | <input type="checkbox"/> Blind / Visual Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Chronic medical condition | <input type="checkbox"/> ADD / ADHD                | <input type="checkbox"/> Other                  |

Please describe your disability or condition and include any relevant medication that you may currently be taking:  
*Please attach any relevant documentation*

Please describe how your disability or condition impacts your academic performance:

Please describe how your disability or condition impacts your daily activities and what adjustments have been needed in your environment:

### STEP 2: Please describe how MODUL University Vienna could best accommodate your special needs:

Please describe how your disability or condition impacts your academic performance:

### STEP 3: Please Read and Sign the Declaration Below:

**Student Declaration:** I declare that all information provided by me is true and correct. I acknowledge that MODUL University Vienna will make an assessment on the basis of the information provided and reserves the right to confirm the information provided. I hereby give consent for the University to contact my treating practitioner and/or other person or organization named in supporting documentation to confirm/clarify the information provided, particularly with its relevance to the accommodations requested in the application for special consideration. I understand that incomplete, unsupported applications cannot be considered by the University and that provision of false or misleading information is grounds for disciplinary action. I acknowledge that MODUL University Vienna may release specific information to first aid personnel as a preventive safety measure and in the event of a medical emergency. Also, that this information may be used for reporting purposes or in order to support official investigations into MODUL University Vienna's compliance with regulations protecting people with disabilities in which case strict anonymity will be observed.

Date Submitted:

\_\_\_\_\_  
Student Signature

The following section is for office use only!

**Supporting documentation attached to the application:**

- Evaluation for learning disability
- Confirmation of medical condition
- Confirmation of psychological condition
- Other relevant documents

Comments/details of other documentation:

**Validation of the presently submitted application for special consideration (decision of the GDP):**

- Approved
- Rejected
- Further Proof Required

Reason(s) for Approval/ Rejection/ Request for Further Proof:

**Committee Member Authorization of Decision:**

Name:	<input type="text"/>	Signature:	<input type="text"/>	Date of Decision:	<input type="text"/>
Name:	<input type="text"/>	Signature:	<input type="text"/>	Date of Decision:	<input type="text"/>
Name:	<input type="text"/>	Signature:	<input type="text"/>	Date of Decision:	<input type="text"/>
Name:	<input type="text"/>	Signature:	<input type="text"/>	Date of Decision:	<input type="text"/>

**The responsibility of the GDP:**

- Student has been informed of the decision taken
- Special Needs Consideration form has been submitted to the Academic Office and noted in the student database

Date of Completion:  Signature: