

**DECLARATION IN LIEU OF SPECIFIC LEARNING DISORDERS (SLD)  
CERTIFICATION FOR REQUESTING ADAPTATIONS**

*(Art. 46 of the Italian Presidential Decree no. 445 of 28 December 2000)*

I, the undersigned

surname \_\_\_\_\_ first name \_\_\_\_\_  
born \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
resident in \_\_\_\_\_ address \_\_\_\_\_ no. \_\_\_\_\_  
tax code \_\_\_\_\_ phone \_\_\_\_\_  
email \_\_\_\_\_

pursuant to art. 46 of the Italian Presidential Decree no. 445/ of 28 December 2000, aware of the penal sanctions, in the case of untrue declarations, formation, or use of false documents, referred to in art. 76 of the same Presidential Decree, as well as of the forfeiture of any benefits deriving from the measure issued on the basis of the untrue declaration if the check carried out reveals the untruthfulness of the content of any of the declarations made (art. 75, Presidential Decree no. 445 of 28 December 2000),

**DECLARE**

with reference to the application for:

- Basic Course
- Propaedeutic Course
- Level I Academic Course
- Level II Academic Course
- PhD Course

to hold a disability, invalidity and/or SLD certification, which is attached to this declaration.

Requested extended time in admission tests:  YES  NO

Other compensatory measures required:  YES  NO (if yes, please indicate which one/ones):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required dispensatory measures (please indicate which one/ones):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_