

## REQUEST FOR ADAPTATIONS FOR STUDENTS WITH SPECIFIC LEARNING SUPPORT NEEDS

To the attention of the UFV Educational Guidance Office (EGO).<sup>1</sup>

M. \_\_\_\_\_ with \_\_\_\_\_ DNI#

\_\_\_\_\_, and email address \_\_\_\_\_

requests non-significant curricular adaptations in the assessment methods of courses in the Degree in \_\_\_\_\_, year \_\_\_\_\_ in which they are currently enrolled, for the reasons indicated in the documentation attached.

### Submitted documentation:

- ☐ Reports.
- ☐ Certificates.
- ☐ Other documentation certifying special educational needs.
- ☐ Resolutions.

**If you are interested in receiving individual attention from the EGO (Educational Guidance Office) and wish us to contact you for an interview, check ☐ the following box:**

**Signature of the student:**

In Madrid, on the \_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_

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<sup>1</sup> This request for adaptations in the methodology, teaching-learning strategies and assessment methods to respond to the needs of students with disabilities or other specific learning support needs, will be presented to the university Registrar and forwarded to the EGO or the Vice-dean of Comprehensive Education, as the case may be, pursuant to the Assessment Guidelines of the UFV. The Degree Director may request access to the complete report of the EGO or the Vice-dean of Comprehensive Education, indicating the specific disability or special needs of the student.

**Basic information regarding Personal Data Protection:**

The data controller is the Universidad Francisco de Vitoria (UFV).

The purpose of the processing is the management and execution of the student's request for adaptations in methodology, teaching-learning strategies and assessment methods for reasons of disability or specific educational support needs.

The legitimacy of the processing is the consent of the interested party provided by checking the appropriate boxes provided for this purpose.

Your personal data will not be disclosed to third parties, with the exception of service providers with access to said data. The internal recipients of the data at the UFV will be, as the case may be, the EGO, the Vice-dean of Comprehensive Education of the Faculty, the Degree Director and, where appropriate, the university departments with which the aforementioned must coordinate in order to process the request and undertake where necessary the corresponding measures.

Data will be stored for approximately the duration of the studies enrolled at the university by the interested party according to the official study plan.

You may exercise your rights of access, rectification, deletion, opposition, limitation of processing and portability by contacting in writing the General Secretariate of the Universidad Francisco de Vitoria, Ctra. M-515 Pozuelo-Majadahonda Km. 1,800; 28223, Pozuelo de Alarcón (Madrid), or by email: [dpd@ufv.es](mailto:dpd@ufv.es).

The data provided in this form must be accurate and up-to-date, corresponding to the interested party. If you provide third-party data through this form, the interested party must be duly informed about the content of this clause. The applicant is hereby informed that they may not provide identifying information to third parties without their prior written consent.

Additional information can be consulted at: <https://www.ufv.es/politica-de-privacidad> and <https://www.ufv.es/politica-de-privacidad-matricula/>

Yes ☐ No ☐ I accept and authorise that my data be processed by the Universidad Francisco de Vitoria for the purposes indicated above and to receive notifications, by any means, including electronic (including but not limited to email and the Virtual Classroom) related to the same.

**Special consent for the processing of personal health data.** The UNIVERSIDAD FRANCISCO DE VITORIA may require access to the health data of the applicant in order to process this request. In order to address the needs of the student, they must provide give their authorisation to the Universidad Francisco de Vitoria by completing the present form.

M. \_\_\_\_\_, with DNI# \_\_\_\_\_ hereby authorises the processing of their personal health data according to the terms indicated above.

in \_\_\_\_\_, on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_