

**Disability Declaration Form**

Faculty of Humanities and Social Sciences

University of Sri Jayewardenepura

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| Full Name: | |
| Home Address: | |
| Academic Year: | |
| Registration Number: Index Number: |
| Degree Program: |
| Contact Number:  Email Address: |
| Nature of Disability:  (Please attach a proof) |
| Date of Declaration (from – to ): |
| Expected Facilities:  Extra time for the exams Brail machine  Wheelchair accessible facility Mobility Training  Specialist Equipment or Support Assistive Technology  Personal Assistance Hearing Aids |
| Any other details: |

I hereby certify that the above details are true and correct.

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| Student Name:  Signature:  Date: |
| Name of the SAR/ DR of the faculty:  Signature:  Date Received: |

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| Approved/ Not Approved from the Faculty Board  Date: |

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| Approved/ Not Approved from the Senate  Date: |

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| Decision Received to the Faculty  Date:  Action Taken:  Authorized Officer: |