***Annex No. 2***

***Sample Application Form for Modification of the Admission Examination***

Name, surname, address, tel. contact, E-mail

**Addressee: Dean of the relevant Faculty**

**to be send with the application for university study**

**APPLICATION**

**for Modification of the Admission Examination**

Pursuant to Section 57 paragraph 4 and Section 100 of Law Act No. 131/2002 Book of Statutes on Higher Education Establishments and on Amendments to Certain Law Acts, as amended, and in accordance with the Ministry of Youth, Education, Science, Research, and Sport of the Slovak Republic Decree No. 458/2012 Book of Statutes on the Minimal Claims of Students with Special Needs, for reasons of my specific needs I hereby apply for adequate modification and support services at the admission examination:

Choose any required (even several of them) or state any other:

* a longer time allocation,
* consent to providing assistance,
* making use of standardized aids and technologies,
* other (*specify precisely) ................................................................*...........................

**I hereby enclose the annex/annexes** (choose and enclose the relevant ones)**:**

*1. Medical certificate (not older than three months - a medical finding, a report on the progress*

 *and development of the disease and disability, or an extract from medical records).*

*2. In the event of learning or communication disability, a statement by psychologist, speech*

*therapist, school psychologist, school speech therapist or special educator (or any other registered entity of the relevant professional competence).*

*3. Consent of the person concerned, the integral part of which is the document Information*

 *pursuant to Art. 13 GDPR.*

**Date**: ........................ **Signature of the applicant for study** .................................................

***Annex No. 3***

***Sample Application Form for Obtaining the Status of Student with Special Needs***

Name, surname, address, tel. contact, E-mail, year of study, form of study

**Addressee: Dean of the relevant Faculty**

**to be served to the department of study affairs**

**at the relevant Faculty**

**APPLICATION**

**for Obtaining the Status of Student with Special Needs**

Pursuant to Section 100 paragraph 2 of Law Act No. 131/2002 Book of Statutes on Higher Education Establishments and on Amendments to Certain Law Acts, as amended, and in accordance with the Ministry of Youth, Education, Science, Research, and Sport Decree No. 458/2012 Book of Statutes on Minimum Claims of Students with Special Needs, I hereby apply for awarding the

*status of* ***student with special needs****.*

Due to the nature of my medical restriction and its impact on my study, I take the privilege of asking you for rendering the following forms of support (*select the one(s) you are applying for, even several of them, or specify other ones*):

* pardon my absence in attending the classes
* the need to extend the time for the completion of my study duties
* the need to modify the form of the examination, the form of interim assessment (e.g. extension of the time, periods, the test scribe)
* appropriate/adapted place in the classroom due to my restricted mobility
* other appropriate modifications and support services (*please specify*):

.........................................................................................................................................

**I hereby attach the annex/annexes** (choose and attach the relevant ones)**:**

*1. Medical certificate (not older than three months - a medical finding, a report on the progress*

 *and development of the disease and disability, or an extract from medical records).*

*2. In the event of learning or communication disability, a statement by psychologist, speech*

*therapist, school psychologist, school speech therapist or special educator (or any other registered entity of the relevant professional competence).*

*3. Consent of the person concerned, the integral part of which is the document Information*

 *pursuant to Art. 13 GDPR.*

**Date**: ........................ **Signature of the applicant for study** .................................................

***Annex No. 4 - Consent of the Person Concerned - Applicant for Study***

**** **Consent of the Person Concerned**

pursuant to Regulation of the European Parliament and of the Council No. 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, repealing Directive No. 95/46 / EC (General Data Protection Regulation) (GDPR)

Degree, first name and surname ....................................................

Date of birth .................................

In accordance with the provisions of Art. 6 (1) (a) GDPR I hereby express my consent to Pavol Jozef Šafárik University in Košice (hereinafter referred to as "UPJŠ") for the processing of my personal data to the extent specified in my application for modification of the admission examination (hereinafter referred to as "the application"), of my health documentation in the Annex hereto and the corresponding statements concerning my health status in order to evaluate my specific needs, of determining the form of the admission examination and the mode of performing it, taking into account my specific needs.

I grant this approval until the decision on admission to study is issued.

I am aware that the provision of personal data, as well as the granting of my consent to its processing is voluntary. I can withdraw my consent at any time by sending a letter of withdrawal of the consent to the operator. Withdrawal of the consent shall become effective as of the date of its delivery.

I have been advised on the rights of the person concerned, which are specified in Art. 15 to 21 GDPR.<https://www.upjs.sk/verejnost-media/informacie-pre-verejnost/ochrana-osobnych-udajov/>

In .................................. dated ...........................

.........................................

Signature of the person concerned

***Annex No. 5 - Sample of Information Obligation of the Personal Data Operator –***

***Applicant for Study***



**Information obligation pursuant to Art. 13 Regulation of the European Parliament and of the Council No. 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, repealing Directive No. 95/46/EC (General Data Protection Regulation) (GDPR).**

Personal data operator: Pavol Jozef Šafárik University in Košice, Šrobárova 2, 041 80 Košice, CRN: 00397768, Phone: +421 (0) 55/2341100 (operator).

Contact details of the person in charge:

Mgr. Gabriela Ciberejová, e-mail: zodpovedna-osoba@upjs.sk

Purpose of the processing of personal data: evaluation of specific needs, determination of the form of the admission examination and the way it is carried out, taking into account specific needs of the applicant for study.

Legal basis for the processing of personal data: Consent of the person concerned pursuant to Art. 6 (1) a) GDPR.

Period of keeping: This consent is granted until the decision on the admission to study is made.

Personal data shall only be processed by authorized persons who have been properly instructed.

There is no automated decision making at UPJŠ, including the profiling referred to in Art. 22 (1) to (4) GDPR.

Advice on the rights of the person concerned:

The person concerned shall be entitled to the following, upon written request from the operator:

1. requiring access to its personal data;
2. requiring the correction, erasure or limitation of the processing of their personal data;
3. objecting to the processing of personal data,
4. portability of their personal data;
5. withdrawing their consent to the processing of personal data whenever personal data are processed on this legal basis,
6. the right to lodge a complaint with the supervisory authority, i.e. Office for the Protection of Personal Data of the Slovak Republic.

The above rights of the person concerned are specified in Articles 15 to 21 of the GDPR.

................................... .......................................................... Date First name, surname and signature of the person concerned

***Annex No. 6 - Consent of the Person Concerned - Student***

****

**Consent of the Person Concerned**

pursuant to Regulation of the European Parliament and of the Council No. 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, repealing Directive No. 95/46 / EC (General Data Protection Regulation) (GDPR)

Degree, first name, surname ....................................................

Date of birth .................................

In accordance with the provisions of Art. 6 (1) (a) GDPR I hereby express my consent to Pavol Jozef Šafárik University in Košice (hereinafter referred to as "UPJŠ") to the processing of my personal data to the extent as specified in the application for awarding the status of a student with special needs (hereinafter referred to as the application) related statements on my health status in order to evaluate my specific needs and determine the scope of support services.

I grant this consent for the duration of my legal relationship with UPJŠ, i.e. for the duration of my study and for the period of archiving as specified by separate legal regulations and the registry of the operator.

I am aware that the provision of personal data, as well as the granting of consent to its processing, is voluntary. I can withdraw this consent at any time by sending a letter of withdrawal of this consent to the operator. Withdrawal of the consent shall become effective as of the date of its delivery.

I have been advised on the rights of the person concerned, which are specified in Art. 15 to 21 GDPR.

<https://www.upjs.sk/verejnost-media/informacie-pre-verejnost/ochrana-osobnych-udajov/>

In............................ dated ...........................

.........................................

Signature of the person concerned

 ***Annex No. 7 – Sample of the Information Obligation of the Personal Data Operator – Student***



**Information obligation pursuant to Art. 13 Regulation of the European Parliament and of the Council No. 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, repealing Directive No. 95/46/EC (General Data Protection Regulation) (GDPR).**

Personal data operator: Pavol Jozef Šafárik University in Košice, Šrobárova 2, 041 80 Košice, CRN: 00397768, Phone: +421 (0) 55/2341100 (operator).

Contact details of the person in charge:

Mgr. Gabriela Ciberejová, e-mail: zodpovedna-osoba@upjs.sk

Purpose of the processing of personal data: evaluation of specific needs and determination of the scope of support services.

Legal basis for the processing of personal data: Consent of the person concerned pursuant to Art. 6 (1) (a) GDPR.

Personal data recipients: The Central Register of Students of the Ministry of Youth, Education, Science, Research, and Sport of the Slovak Republic

Personal data shall only be processed by authorized persons who have been properly instructed.

Period of keeping: This consent is hereby granted for the duration of my legal relationship with UPJŠ, i.e., for the duration of the study and for the period of archiving specified by the special legal regulations and the registry of the operator.

Personal data are only processed by authorized persons who have been properly instructed.

There is no automated decision making at UPJŠ, including the profiling referred to in Art. 22 (1) to (4) GDPR.

Advice on the rights of the person concerned:

The person concerned shall be entitled to the following, upon written request from the operator:

1. requiring access to its personal data;
2. requiring the correction, erasure or limitation of the processing of their personal data;
3. objecting to the processing of personal data,
4. claiming the portability of their personal data;
5. withdrawing their consent to the processing of personal data whenever personal data are processed on this legal basis,
6. the right to lodge a complaint with the supervisory authority, i.e. Office for the Protection of Personal Data of the Slovak Republic.

The above rights of the person concerned are specified in Articles 15 to 21 of the GDPR.

................................... .......................................................... Date First name, surname and signature of the person concerned

***Annex No. 8***

***Sample Decree of the Dean on Awarding the Status of Student with Special Needs***

The relevant Faculty letterhead

**To be addressed to the applicant**

**RE**

**Awarding the status of student with special needs - Decision**

Pursuant to Section 100 paragraph 2 of Law Act No. 131/2002 Book of Statutes on Higher Education and on Amendments to Certain Law Acts, as amended, and in accordance with the Ministry of Youth, Education, Science, Research, and Sport of the Slovak Republic Decree No. 458/2012 Book of Statutes on the minimal claims of students with special needs I hereby

**award**

**the status of student with special needs to**

................................................................................

*Surname and first name*

**A student of the study programme ............................... at the ................................... level**

**of study for the academic year 201../201.. or throughout the duration of the study[[1]](#footnote-1).**

**Justification:**

Since you have complied with the terms and conditions pursuant to Section 100 (2) of Law Act No. 131/2002 Book of Statutes on Higher Education Establishments and on Amendments to Certain Law Acts, as amended, and in accordance with the Ministry of Youth, Education, Science, Research, and Sport of the Slovak Republic Decree No. 458/2012 Book of Statutes on the Minimal Claims of Students with Special Needs, I have decided as is given in the operative part of this Decision. The scope of the requested forms of support has been established on the basis of a medical statement (or a statement by psychologist, speech therapist, school psychologist, school speech therapist or special educator) and an assessment of the specific needs by the Faculty Coordinator for students with specific needs as follows:

…

…

…

This Decision serves the student with special needs in contact with the University teachers and the University units (e.g. UNIPOC, heads of departments, Student Dormitories and Canteens, University Library). In the event of any change occurring in the health status and study, the student shall notify the Faculty Coordinator for students with specific needs without delay.

**Advice**: Within the period of eight calendar days from the date of service of this Decision, you may file an application for its review via the Dean’s Office of the Faculty of ............................ . Your application shall be reviewed by the Rector.

Date..................... .............................

 Dean

1. Choose one option [↑](#footnote-ref-1)