

**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 TrainingSpecialist Equipment or Support Assistive TechnologyPersonal 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 BoardDate: |

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| Approved/ Not Approved from the Senate Date:  |

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| Decision Received to the FacultyDate: Action Taken: Authorized Officer:  |