

**REQUEST FOR SPECIFIC PROCEDURE FORM**



Last name: ..... First name: .....

Date of birth: d   m   yr     Place of birth (city): .....

Language: ..... Level of exam: ..... Examination site: .....

**Mailing address:**

Country: ..... Zip code: ..... City: .....

Address (apt, street): .....

Phone number: ..... E-mail address: .....

**Part(s) of exam concerned:**

Reading comprehension

Listening comprehension

Written communication

Oral communication

**Please, specify the change(s) you request regarding the exam.**

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**Would you like to use your own laptop?** Yes  No

....., ..... d ..... m ..... yr

.....  
signature

Candidates with disabilities and special educational needs must send the request for specific procedure form to the examination site of their choice. The official medical documents must always be attached to the request. If a doctor's or expert's opinion is submitted after the deadline, a special arrangement may NOT be requested

**TO BE FILLED BY THE EXAMINATION CENTRE**

**Arrangement:**

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