

## **Annex No. 1**

### **UPJŠ coordinator:**

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### **Coordinator at the UPJŠ Faculty of Medicine**

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### **Coordinator at the UPJŠ Faculty of Science**

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### **Coordinator at the UPJŠ Faculty of Law**

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### **Coordinator at the UPJŠ Faculty of Public Administration**

Vice Dean for Education

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### **Rectorate units and departments of study affair at the UPJŠ Faculties**

#### **University Library**

**Ing. Eva Matušovičová**

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**The UPJŠ Student Hostel**

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**Institutional coordinator of the LLP/Erasmus programme**

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**Departments of study affairs at the Faculties**

**UPJŠ Faculty of Arts**

**Consultant for social-welfare scholarships, tuition, and admission process:**

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**UPJŠ Faculty of Science**

**Consultant for social-welfare scholarships, tuition, and admission process:**

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*The field of social-welfare scholarships*

**Jitka Reisingerová**

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## **UNIPOC – special services providers**

It is the role of the staff rendering special services is to extend expert services for all the students as well as students and applicants with special needs in the following areas:

### ***Legal counselling***

**JUDr. Jana Žul'ová, PhD.**

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### ***Psychological counselling***

1<sup>st</sup> Clinic of Psychiatry, the Louis Paster University Hospital and the UPJŠ Faculty of Medicine

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Department of Educational Psychology and Psychology of Health

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Department of Educational Psychology and Psychology of Health

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Department of Educational Psychology and Psychology of Health

**prof. PhDr. Oľga Orosová, CSc.**

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2<sup>nd</sup> Clinic of Psychiatry, the Louis Paster University Hospital and the UPJŠ Faculty of Medicine

Psychological counselling in the English language

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### ***Social-welfare counselling***

Department of Social Work

**Mgr. Soňa Lovašová, PhD.**

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### ***IT counselling***

The Faculty of Science Institute of Information Technology

**Assoc. Prof. RNDr. Gabriela Andrejková, CSc.**

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***Library and loan services***

**Ing. Eva Matušovičová**

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**Annex No. 2**

**Sample application form for modification of the admission examination**

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

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**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 and on amendments to certain law acts, as amended, and in accordance with the Ministry of Youth, Education, Science, Research, and Sport stipulation of Decree No. 458/2012 Book of Statutes on the minimum claims of students with special needs, due to 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,
- agreement to assistance,
- making use of standardized aids and technologies,
- other (*specify precisely* .....

I also agree with the evaluation of my specific needs to determine the form of the admission examination and its conduct with regard to my specific needs. For this purpose, I herewith grant my consent to Pavol Jozef Šafárik University in Košice with the processing of my personal data included in this application, medical records referred to in the annex to this Application and related reports of my health condition in accordance with Law Act No. 122/2013 Book of Statutes on the protection of personal data and on amendments to certain law acts, as amended, by copying, scanning or other type of recording on an information carrier and their archiving until the date of enrolment.

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

1. *The medical certificate (not older than three months, which is the medical finding, a report on the progress and development of the disease and disability, or an extract from medical records) or*
1. *In the event of learning or communication disabilities, a statement by a psychologist, speech therapist, school psychologist, school speech therapist or special educator (or any other registered entity of the relevant professional competence)*

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

**Annex No. 3**

**Sample application for obtaining the status of student with special needs**

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

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**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 and on amendments to certain law acts, as amended, and in accordance with the Ministry of Youth, Education, Science, Research, and Sport stipulation of Decree No. 458/2012 Book of Statutes on the minimum claims of students with special needs I hereby apply for awarding

*status of **student with special needs** in the academic year 201 ../201 ...*

Due to the nature of my medical restriction and its impact on my study, I take the privilege of asking you for the following forms of support (*select the one 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 evaluation (e.g. an 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 also agree with the evaluation of my specific needs an determination of the extent of support services. For this purpose, I herewith grant my consent to Pavol Jozef Šafárik University in Košice to processing my personal data included in this application, medical records referred to in the annex to this Application and related reports of my health condition in accordance with Law Act No. 122/2013 Book of Statutes on the protection of personal data and on amendments to certain law acts, as amended, by copying, scanning or other type of recording on an information carrier. I grant this consent for the duration of my study, and I understand that I can only revoke it in writing.

1. *The medical certificate (not older than three months, which is the medical finding, a report on the progress and development of the disease and disability, or an extract from medical records) or*
2. *In the event of learning or communication disabilities, a statement by a psychologist, speech therapist, school psychologist, school speech therapist or special educator (or any other registered entity of the relevant professional competence)*

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

**Sample decree of the Dean on conferring the status of student with special needs  
(an internal UNIPOC document)**

The relevant Faculty letterhead

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**To be addressed to the applicant**

**RE**

**Conferring 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 stipulation of Decree No. 458/2012 Book of Statutes on the minimum claims of students with special needs I hereby

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

.....  
*Surname and name*

**A student of the study programme ..... at the ..... level of  
study for the academic year 201../201.. .**

**Justification:**

Since you have complied with the terms and conditions 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 stipulation of Decree No. 458/2012 Book of Statutes on the minimum claims of students with special needs, I have decided as is given in the operative part of this Decision. Please, consult the extent of the requested forms of support with your faculty coordinator for students with specific needs.

This Decision serves the student with special needs in contact with the University units (e.g. UNIPOC, head of the department, university teachers, Student Hostels and Canteens). If your specific needs change, contact the Faculty coordinator or UNIPOC.

Instruction: In 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 of the Faculty of ..... . Your application shall be reviewed by the Rector.

Date.....

.....  
Dean

Prof. RNDr. Pavol Sovák, CSc.  
UPJŠ Rector