

## SPECIAL NEEDS AND EMERGENCY CONTACT EXPLORE STUDENT

Last name \_\_\_\_\_

First name \_\_\_\_\_

Gender        M            F            Neutral

Birthdate (YYYY/MM/DD) \_\_\_\_\_

- SPRING SEMESTER : May 13<sup>th</sup> – June 14<sup>th</sup>, 2019 Complete and send this form to [Spring-Explore@elul.ulaval.ca](mailto:Spring-Explore@elul.ulaval.ca)**
- SUMMER SEMESTER : July 8<sup>th</sup> – August 9<sup>th</sup>, 2019 Complete and send this form to [Summer-Explore@elul.ulaval.ca](mailto:Summer-Explore@elul.ulaval.ca)**

### SPECIAL NEEDS

Université Laval has a restrictive confidential information politic.  
Information gave in this section will be used with respect and adequately.

We could contact you to clarify your needs.

If necessary, you may be assigned to an institution other than the one initially indicated which will be better able to assist you.

### Accommodations

Do you have any disability that requires accommodations (private room during exams, additional time to finish an exam, wheelchair, assistant)?

- Yes                No

If yes, please join the letter of accommodations from your school.

### Special diet for medical reasons

All persons requiring special diets due to reasons not documented by a medical note, other than severe food allergies or health conditions that are medically documented must cover their own costs of meal supplements, or meal preparation if applicable.

Do you require a special diet for medical reasons?

- Yes                No

If yes, please explain and include a medical note.

### Other specific needs or medical situation

If you want to inform us concerning other specific needs or medical situation; please use space below or contact us.

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Email : [exp@elul.ulaval.ca](mailto:exp@elul.ulaval.ca)

Phone number : 1 877-785-2825, ext. 402703