

Application form for adaptations for students or apprentices with disabilities and/or medical conditions requiring adaptations

Administrative data					
LAST NAME :	First name :				
DATE OF BIRTH :	Student num	ber :			
POSTAL ADRESS :					
MAIL :	Phon	e:			
	Training				
TRAINING PROGRAMME : YEAR TRAINING BEGAN :					
CURRENT YEAR AT THE TIME OF THE ASSN APPLICATION :					
□ cSTUDENT STATUS					
☐ cAPPRENTICE STATUS					
FILE COMPLETED AND FOLLOWE	D UP BY :				
DISABILITY ADVISOR	ROZIERE Emmanuel	Mail: referent.handicap@ec-nantes.fr			
HEAD OF TRAINING	GRONDIN Frédéric	Mail: direction.formation@ec-nantes.fr			
• NURSE	JULIENNE Clothilde	Mail : infirmerie@ec-nantes.fr			
• DOCTOR		Mail :			
File received by the nurse or disability advisor on :					

Once this document has been completed and signed by the student, the doctor and the nurse, a multi-professional committee composed of the head of training, the disability advisor, the student life manager and the nurse will review your requests. Following this committee meeting, the nurse will email the student the decisions, attaching the ASSN signed by all parties.

An educational contract will be proposed and signed by the student and the head of training.

In the event of mobility or an internship at another institution (university or company), you must follow the procedure of the host organisation (this document may be attached to your new request for accommodation).

Centrale Nantes undertakes to comply as closely as possible with the adjustments recommended by the doctor, within the limits of technical possibilities and certification conditions.

Document version 07-2025



EDUCATIONAL ADAPTATIONS

Desired adaptations	Learner's requests	Medical recommendations	Opinion of the multi- professional committee and decision by the Training Department
Training methods involved Face-to-face Distance learning Internship			
Teaching methods (adaptation during lessons, classroom layout, participation in sports activities, role- playing, communication exercises, etc.)			
Teaching resources and Adaptation of materials			
Human assistance			
Technical aids			

Document version 07-2025 2 sur 4



ADAPTATION OF ASSESSMENTS

Desired adaptations	Learner's requests	Medical recommendations	Opinion of the multi- professional committee and decision by the Training Department
WRITTEN ASSESSMENTS			
ORAL ASSESSMENTS			
SPECIFIC ASSESSMENTS PRACTICAL WORK SPORT LANGUAGE OTHER			

Document version 07-2025 3 sur 4



AMÉNAGEMENT VIE ÉTUDIANTE ET VIE DE CAMPUS

Desired adaptations	Learner's requests	Medical recommendations	Opinion of the multi- professional committee and decision by the Training Department
ACCESS TO PREMISES, PHYSICAL FACILITIES, ETC.			
STUDENT LIFE – CAMPUS: •TRANSPORTATION •CATERING •ACCOMMODATION •CAMPUS ACCESSIBILITY			
INTERNSHIP SEARCH AND PROFESSIONAL INTEGRATION			

//20	//20	//20	//20
Learner's signature:	SURNAME First name	Disability advisor's signature:	Head of Training's signature:
4 20	Signature and stamp doctor		
Surname, first name and signature of the nurse:	:		
signature of the nurse.			

Document version 07-2025 4 sur 4