

Request for medical evidence

In order to assist our disabled students with their applications for support, in particular with access to the Disabled Student's Allowance, we are requesting the following information:

Name of student: _____ Date of Birth: _____

Diagnosis: _____

Approximate length of time (months / years) that this diagnosis has been made:

Substantial long-term impact on day-to-day activity (please tick)?

Signature: _____ Date: _____

Name: _____ Professional capacity: _____

Institution: _____

Please return the form to us:

Disability and Dyslexia Service
Room 2.06, Francis Bancroft Building
Queen Mary, University of London
Mile End Road
London
E1 4NS

Please call us on (020) 7882 2756 or
email dds@qmul.ac.uk should you have
any questions regarding this request.

Thank you.

Please Stamp in this box

Patron: Her Majesty The Queen

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Queen Mary & Westfield College,
University of London

