

REQUEST FORM FOR SPECIAL ARRANGEMENTS

Please submit this form **every time** you participate in the examinations

Candidate's Data

Last name:
First name:
Father's name
Date of Birth:
E-mail:
Language school:
Telephone:
Mobile:
Level (please check): B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>
Exam center:
Date of examination:

I attach:

A certified copy of the medical report in Greek from a Public Hospital or Social Insurance <input type="checkbox"/> (in case of dyslexia, reports from Pavlidis Dyslexia Centers are also accepted)
*In case of dyslexia, I also attach 2 recent writing texts of the candidate <input type="checkbox"/>

You do not need to submit medical evidence again if:

*You have taken the NOCN under Special arrangements for the last 2 sessions
Please specify the test level and date of the exam:

Signature: _____ Date: _____

Please send the documents by post or courier to: Esol Exams A.E., at 120 Solonos str., 106 81 Athens, tel. 2103300011

* Medical report submitted should be issued within the last 3 years