

REQUEST FORM FOR SPECIAL ARRANGEMENTS

Examination Period:
Examination Centre:

Candidate's Information

Last name:
First name:
Father's name:
Date of birth:
Level: B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>
Refer Candidates: Listening <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speaking <input type="checkbox"/>
School candidate: <input type="checkbox"/> Language School:
Individual candidate: <input type="checkbox"/>
I confirm that I am fully informed and consent to the collection and use of my personal data by Esol Exams A.E, Palso and Nocn for as long as the purpose for which it was collected remains, in compliance with the E.U General Data Protection Regulation 2016/679

Contact Information

Contact person:
Mobile:
Telephone:
e-mail:

I attach:

1. A certified copy of the medical report in Greek from a Public Hospital or Social Insurance (reports from Pavlidis Dyslexia Centers are also accepted) <input type="checkbox"/>
2. In case of dyslexia/dysgraphia, 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 examinations under Special arrangements. **If you fall into this category, please specify the exam period on which the most recent medical documentation was submitted:**

You need to submit the Request form for special arrangements every time you apply for the examinations.

Signature: _____ Date: _____

Please send the documents by post or courier to:

Esol Exams, Σόλωνος 120, 10681, Αθήνα, τηλ. 2103300011