

APPLICATION FOR COMPENSATION FOR DISADVANTAGES

for forwarding to the responsible examination board (Prüfungsausschuss)

Personal data:

Surname:

First name:

Matriculation number:

Study program:

Information about the examination:

Note: Please state the exact name of the examination according to the examination regulations/module handbook (or generally written, oral, assignments, final thesis) for which you are requesting compensation for disadvantages.

I am applying for the following measures to compensate for disadvantages:

Note: If you need clarification, you do not need to tick or complete anything here. However, you will make the work of the examination board easier if you make a suggestion.

Time extension:

Use of the following aid(s):

other measures to compensate for disadvantages:

Reasons for the application:

Note: Your justification must contain information that is understandable to third parties. This information must relate to the impairment(s) and the associated disadvantages or difficulties in study and examination performance. Only disadvantages in presenting knowledge and skills relevant to the examination can be compensated for, but not deficits in the knowledge or skills to be examined themselves. In particular, you should explain how the health impairments affect study/examination-relevant activities, e.g., writing by hand, typing, sitting, reading, lecturing, participating, concentrating, and working in groups.

Enclosed supporting documents (please tick):

Note: If you have a chronic illness or disability, please present the accompanying letter to your doctor or other treating persons and request a corresponding certificate.

- Specialist medical certificate or specialist medical opinion or specialist medical report
- Certificate from a licensed psychological psychotherapist
- Copy of severely disabled person's pass (front and back)
- Assessment notice from the pension office regarding a disability or severe disability severe disability
- Expert opinion on a diagnosed dyslexia
- (excerpts from a) treatment report, e.g., after inpatient or semi-inpatient stays partial inpatient stays
- Other:

Further comments:

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Place, date

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Signature of applicant