

## Application for compensation for disadvantages

### application

the examination board of the faculty \_\_\_\_\_

### Personal details of the applicant

Name, first name \_\_\_\_\_

Birth date \_\_\_\_\_

Telephone number / email \_\_\_\_\_

Student number \_\_\_\_\_

Study program \_\_\_\_\_

Semester \_\_\_\_\_

### Information on the requested measures to compensate for disadvantages

Describe the measure you propose as specifically as possible, e.g

- Extension of the processing time for exams and/or term papers (in minutes or percent of the regular processing time)
- Assignment of your own processing room
- Interruption of exams with breaks if necessary
- Conversion of the examination form written to oral

In addition, the following information must be provided:

- Module or examination subject as well as the form of examination (e.g. exam, homework, oral examination, internship)
- Periods of time the requested measures relate to (e.g. all exams until the end of the bachelor's degree).

### Module + proposed action + period

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Justification of the request**

#### **Hints**

The justification must contain information that is comprehensible to third parties. This information must relate to the impairment(s) and the associated disadvantages or difficulties with coursework and examinations or other requirements. In particular, you should explain how the health impairments affect study-related activities (e.g. writing, reading, lecturing, participating, concentrating, working in groups).

#### **free text**

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**Attached evidence (please tick as applicable)**

- Specialist medical certificate or specialist opinion
- Statement from a licensed psychological psychotherapist
- Determination notice from the pension office or severely disabled person's certificate
- Approval notice from a funding provider, e.g. for services in accordance with Sections 53, 54 SGB XII
- Treatment reports, e.g. after inpatient or day-care treatment
- Statement or report from a rehabilitation provider
- Statement from the diversity officer
- Others: \_\_\_\_\_

**I guarantee the completeness and accuracy of the information I have provided.**

\_\_\_\_\_

**Place, date**

\_\_\_\_\_

**Signature (applicant)**

**Decision of the examination board**

- The request is granted
- The request is granted to the following extent

\_\_\_\_\_

\_\_\_\_\_

- The request is not granted

Reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Place, date**

\_\_\_\_\_

**Signature (Chair of the Examination Board)**