



# APPLICATION FORM FOR ADJUSTMENTS TO COMPENSATE FOR DISABILITIES (*NACHTEILSAUSGLEICH*)

⇒ in case of permanent disability/impairment  
⇒ applicable to all assessments in the degree program

Legal basis: Section 24 General Examination Regulations (APO) dated November 26, 2014 in the most current version

Please note: This application must be submitted in writing (not by e-mail) and no later than upon registration for the first assessment for which adjustments to compensate for disabilities are requested. This application must be submitted to the responsible chairperson of the board of examiners.

## Student's details

.....  
Student registration number

.....  
Last name

.....  
First name(s)

.....  
Degree program

*Please note: If you are enrolled for more than one degree program, please submit a separate application form for each degree program to the respectively responsible chairperson of the board of examiners, as they will have to make their individual decision in each case.*

## Adjustments to compensate for a permanent disability/impairment

I hereby apply for adjustments to compensate for a

- permanent disability: .....
- equivalent impairment: .....

for all assessments in the above degree program.

Adjustments to compensate for such disability/impairment are required for the following reason:

.....

.....

.....

.....

.....



The following proof and supporting document(s) have been attached to the application form:

- Medical certificate
- Psychologist's certificate
- Other: .....

Please note: a supporting document providing proof of a permanent disability/equivalent impairment must be attached to justify the necessity of the applied form of adjustments.

Adjustments to compensate for a disability/impairment are required for the following type of assessment:

- Written examination
- Oral examination
- Written assignment
- Other assessment: .....

I hereby apply for the following adjustment measure for the above type of assessment:

- Extra time to complete assessment in the amount of: .....
- Permission to use the following required supporting aids: .....
- Permission to use support by the following required assistance: .....
- Recuperation breaks during the assessment; length of breaks: .....
- Other: .....

### Involvement of officer for students with disabilities, chronic diseases and impairments

I hereby

- give my consent
- do not give my consent

to the chairperson of the board of examiners involving the officer for students with disabilities, chronic diseases and impairments in the decision-making process in accordance with Section 24 para. 2 sentence 3 of the General Examination Regulations (APO).

Place, date

Student's signature