



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

⇒ in case of prolonged disability/impairment
⇒ for specific assessments

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 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 disabilities in case of prolonged disability/impairment

I hereby apply for adjustments to compensate for a disability/impairment for all assessments of the above degree program for

the period of time from to,

on the basis of the following

prolonged disability:

equivalent temporary impairment:

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: In order to sufficiently justify the necessity of the applied form of adjustments, a supporting document must be attached providing proof of a temporary disability/equivalent impairment for the entire period of time for which the application is submitted.

I hereby apply for adjustments to compensate for a disability/impairment

for the following assessment(s):
(Please strike out all lines that are not required)

Title of assessment:

Assessment module number:

Date of assessment (day/period of time):

Type of assessment:

Type of adjustment to compensate for disability/impairment:

Title of assessment:

Assessment module number:

Date of assessment (day/period of time):

Type of assessment:

Type of adjustment to compensate for disability/impairment:

Title of assessment:

Assessment module number:

Date of assessment (day/period of time):

Type of assessment:

Type of adjustment to compensate for disability/impairment:

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Type of assessment:

Type of adjustment to compensate for disability/impairment:

Title of assessment:

Assessment module number:

Date of assessment (day/period of time):

Type of assessment:

Type of adjustment to compensate for disability/impairment:

In case you would like to apply for adjustments to be made for additional assessments and this form does not provide enough space, please print and attach another copy of the relevant page.

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