

APPLICATION FOR COMPENSATION FOR DISADVANTAGES

By post
 to the Examination Committee
 Sanderring 2
 97070 Würzburg

Personal data of the person submitting the application

Last name, first name

Date of birth

Telephone number

Email
firstname.lastname@stud-mail.uni-wuerzburg.de

Student ID number

Degree programme

Subject semester

Bachelor	Master	Modularised teaching degree
State Examination	Magister	Other

Are you submitting an application for a specific exam?

Yes No

If yes, which one? (please state number and title)

I am submitting an application for:

Summer semester (State year)

Winter semester (State year)

Full duration of my studies without restriction

Details of the measures applied for as compensation for disadvantages

Have you consulted KIS Disability Resource Centre?

Yes No

To which coursework or exam format does the measure applied for refer?

Written exam

Oral exam

Lab course

Bachelor's thesis

Master's thesis

Other (e. g. portfolio, term paper, ...)

Last name, first name

Student ID number

Reasons for applying (free text)

Note:

Your reasons must contain information that is comprehensible to third parties. This information must relate to your health condition and the associated disadvantages or difficulties regarding coursework and exams.

In particular, you should explain how your health condition affects study / exam-related activities, e.g. writing by hand, typing, sitting, reading, giving a presentation, participating, concentrating, working in a group.

Supporting documents (please tick)

Please tick which supporting documents you are including with your application.

Medical certificate, opinion or report issued by a consultant physician

Medical certificate issued by a qualified psychotherapist

Statement by KIS Disability Resource Centre

Copy of your disabled person's pass (front and reverse)

Disability assessment notification from the Pension Office

Medical certificate confirming diagnosed dyslexia

(Extracts from a) medical report, e.g. after inpatient or outpatient treatment

Other

Last name, first name

Student ID number

I am applying for the following measures as compensation for disadvantages:

Time extension of	% in written exams	Use of a scribe in written exams
Time extension of completed at home	% for exam achievements to be	Separate exam room (3-4 persons)
Use of the following aid(s):		Private exam room (sole use)
Notebook		Privacy screen
Magnifying glass		Extension of the period of study by semester(s)
Other		Other measures as compensation for disadvantages
Hearing protection		

I have read and acknowledged the information about the application procedure. (Annex: Compensation for Disadvantages – The Procedure)

Place, date

Applicant's signature

Decision of the Chairperson of the Examination Committee:

Approved as applied for

Not approved – Justification:

(In the case of non-approval, the application documents, including the justification by the Chairperson of the Examination Committee, are forwarded to the Examination Office. The Examination Office will issue notification with instructions on the legal remedies available).

Stamp

Place, Date

Signature of the Chairperson of the
Examination Committee