

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				
firs	stname.lastname@stud-i	nail.uni-wuerzburg.de		
Student ID number				
Degree programme				
Subject semester				
Bachelor	Master	Modularised teaching		
Dachelor	Master	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)				
in yes, which one: (please	state number and th			
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 Ye		Disability Resource Centre? No	
To which coursework or exam format does the measure applied for refer?			
W	ritten exam		
01	ral exam		
La	ıb course		
Ba	achelor's thesis		
M	aster's thesis		
Ot	ther (e.g. portfolio, t	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.

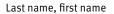
In particular, you should explain how your health condition affects study / exam-related activities, e.g. writing by hand, typing, sitting, reading, giving a presentation, participating, concentrating, working in a group.

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





Student ID number

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

Time extension of Time extension of

Hearing protection

% in written exams

% for exam achievements to be

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

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