



## Application for disadvantage compensation for exchange students

**To the Examination Board / the Examinations Office** (of your study program)

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**Date:**

### **Applicant's details**

Given name, family name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Phone (not compulsory) \_\_\_\_\_

Subject/s \_\_\_\_\_

**The following should be set out on this page:**

Please describe the support measures in as much concrete detail as possible (e.g. extension of exam time by X %, of seminar paper submission deadlines by Y %, allocation of a separate exam room; option to take breaks when needed during written exams, ...).

Please specify which forms of assessment (e.g. written exam, assignment, oral examination, excursion, industrial placement) and for which time frames you are applying for the disadvantage compensation measures (e.g. all written exams to the end of your Bachelor's degree; assignments as part of class xxx, winter semester 2023/2024; replacement of written exams with oral exams, ...).

If the measures you are applying for are meant to run for more than a year, please give information on why this is so.

**Measures (outline your needs)**

1.

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2.

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3.

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4.

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## Reasons for application

You must give reasons which will make sense to third parties. The reasons you give must reference the limitations and the associated disadvantage and/or difficulty in performing coursework and assessment or meeting other requirements. In particular, you need to explain how your (health) problems will affect study-related activities (e.g. writing, reading, making presentations, participating, concentrating, working in groups...).

*This information must be supported by a medical certificate/ statement by one of the persons/ offices listed below; the certificate/statement must confirm your limitations as precisely as possible.*

### Please describe your situation here:

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### Documents enclosed (Please mark with an x)

- Doctor's certificate or doctor's statement
- Statement by a legally-qualified psychological psychotherapist
- Notice of assessment from the pension office or a disability identification document (copy)
- Statement by the Psychotherapeutic Counseling Service run by Student Services
- Other,  
specifically \_\_\_\_\_

### Signature of applicant

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Location, date

Signature