

Application for compensation of (extra scientific) disadvantages

To be submitted to the examination board of the faculty

Personal data	
Family name	Given name
Street, Number	Zip code, City
Telephone/mobile	E-mail
Matriculation number	Study programme
Due to the following situation:	
□ Disability/chronic disease,□ Pregnancy,□ Caring of close relatives (children, pare□ Other	ents, grandparents, partners),
Personal statement	
Measures/modification applied for	Decision of the examination board



Verification is deposited at the consulting body ¹ / office of the examination board respectively:
Dectaral or therapoutic confirmation
Doctoral or therapeutic confirmation,Disabled person's pass,
Mother's pass,
☐ Birth cartificate of the child/children,
Care level of the person in care
Date, applicant's signature
Recommendation of the consulting body ¹ / office to follow the application
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Date, consulting body/office signature
Decision of the examination board
The application has been granted according to the examination board's decision (see table)
For the duration of the suitability test
For the duration of the BA/MA studies ²
For the duration
☐ The application cannot be granted
Justification
Date, signature examination board

 $^{^{\}rm 1}$ Commissioner for students with disabilities, family commissioner $^{\rm 2}$ Please delete any that do not apply