

Application for special examination arrangements for students with long-term or permanent impairments

To the Examination Board responsible for the bachelor's/master's* degree programme

* = cross out whichever is not applicable

Last name, first name:	
Date of birth:	
Address:	
Phone:	E-Mail:
Student ID/matriculation number::	

Due to long-term or permanent impairment(s), I am unable to complete timed examinations and assessments within the regularly allotted time or in the required form

Impairment(s)

This results in the following difficulties with examinations (briefly summarize):

In accordance with the examination regulations and other regulations for special education needs, I would like to request special examination arrangements that compensate for my particular situation.

I hereby request the following compensatory arrangements:

- receive ____% extra time to complete timed examinations
- replace written examinations with oral examinations
- replace oral examinations with written examinations
- permission to take individual rest breaks during timed examinations
- split examinations into smaller parts
- permission to use and, if necessary, receive special aids or reference materials, personal assistance, adapted examination documents or separate testing rooms (please specify):

City, date

(Applicant)

Advice on the application for special examination arrangements has taken place.

Contact point: _____

Person: _____

I hereby release _____
_____ from the obligation of confidentiality.

City, date

Applicant

Endorsement of the Special Needs Commissioner

I hereby endorse this application in my capacity as Special Needs Commissioner for students of Rhine-Waal University of Applied Sciences.

City, date

(Special Needs Commissioner)

The following documents are attached to this application:

- Copy of a German disability ID ("Schwerbehindertenausweis")
- Copy of relevant medical certificate(s)
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- The application is approved.
Valid until _____

- The application is denied for the following reason(s):

City, date

(Chair of Examination Board)

d
Filing original application: Chair of Examination Board
Scan via E-Mail to applicant cc: Special Needs Commissioner