

Application for special examination arrangements for students with disability or chronic illness

- Please submit this request to the examination board of your faculty at least 8 weeks prior to the exam date.
- A consultation regarding the request for special exam arrangements is advisable! For contact information and scheduling an appointment please click [here](#)

To the examination board of the faculty:

☐ Technology and Bionics

☐ Life Sciences

☐ Society and Economics

☐ Communication and Environment

Surname/ First Name:	
Date of birth:	
Address:	
Phone number:	HSRW-E-Mail address:
Matriculation number:	
Degree program:	

☐ First application

☐ Consecutive application

I hereby declare, that due to the following effects of a chronic illness or disability, I am not able to implement my existing intellectual abilities within a test situation in the planned examination form:

Please describe here as accurately as possible, which symptoms you are suffering from and how they affect your performance skills within the examination situation (the accuracy of your declaration directly influences the judgement of the examination board):

Due to the above mentioned impairment(s), I request special examination arrangements to the following extent:

☐ Unlimited for all examinations ☐ Unlimited for written examinations only

☐ For the following examination period: _____

	Module name	Module code	Responsible Lecturer
1			
2			
3			
4			

Type of the special examination arrangement:

- *Please name here the specific compensating examination arrangement, which you are requesting based on the above described symptoms (additional time, breaks, change of the exam type, approval of special aids). If they differ with respect to particular exams, please add the numbers of the respective modules.*

Place / Date

(Applicant's signature)

The following evidence is attached:

INTERNAL NOTE OF THE EXAMINATION BOARD

Please note: this is not an official notification. The notification for the application is sent out separately to the applicant with the involvement of the officer for students with disability or chronic illness.

☐ The application is approved. ☐ With a time limit until _____

☐ The requested compensating arrangement is accepted.

☐ The requested compensating arrangement is not accepted.

Comments: _____

☐ The application is rejected.

Comments: _____

Place, Date

(Head of Examination Board)