Application for Disadvantage Compensation due to Impairment, Chronic or Mental Illness

Submit this application with the registration for the exam and at least two months before the exam to the responsible examination board.

Personal information

Name (Student)

First name* Last name*

Email

Student ID No. :

Address

Street, House number Postal code City

Study program

Details of the requested disability compensation

It is a

○ Initial application ○ Subsequent application – Initial application SS/WS:

For which study or examination forms should the disability compensation apply?

Disability compensation requested

Would you like to add further documents to the application?

○ Yes ○ No

If yes, which documents:

If you have questions, we'll advise you:
s-m-b@upb.de

kathrin.weber@uni-paderborn.de
Phone: +49 5251 60-5498
Address: Warburger Str. 100
33098 Paderborn Room: I4.313

For other study/exam formats, use this form multiple times for further information.

Signature

Confirmation and signature of the applicant

I hereby confirm that all information in the application is true. I am aware that any false statements may lead to the withdrawal of the obtained disability compensations and that the study or examination results carried out in this manner may be graded as 'not passed'. I undertake to report a significant improvement in my health condition to the examination board, as this could lead to the withdrawal of already granted (also permanent) disability accommodations if the conditions are no longer met.

Place, date* Signature of the applicant*

UNIVERSITY PADERBORN

Appendix: (Specialist) Medical Certificate

Note for treating personnel: If students cannot take examinations under the usual conditions due to impairment, chronic or mental illness, measures (so-called compensatory measures) can be requested to adjust the examination modalities individually. Your information and recommendations serve the examination board as the basis for deciding on possible compensatory measures.

Name and time of presenting in practice

Name of the student(s) is with me ○ in treatment. ○ today for the first time presented.

What are the typical symptoms of the impairment or illness and their effects on the examination?

Please describe the symptoms in a way that medical laypersons can understand.

The application cannot be processed without a comprehensible statement.

Assessment of the course of the impairment

The described limitations are expected to persist over this period: _____

Please describe which compensatory measures you recommend from a medical perspective

Examination modalities can be adjusted as follows:

- Examination organization (e.g. scheduling and duration)
- Examination setting (e.g. room, seating or equipment)
- Examination format (e.g. oral instead of written, individual instead of group work or providing an alternative performance)
- Implementation of the examination (e.g. extension of processing time – specify in percent, rest breaks, aids or assistance)
- Exam materials (e.g. Braille, large print)

Are there reasons why the student could not submit the application in a timely manner (i.e., at least two months before the exam)?

○ No ○ Yes If yes, please explain:

Students must submit this application with the exam registration, at least two months before the first examination. In exceptional cases, the application may also be submitted later.

Contact, signature and practice stamp

Email: **Phone:**

Place, date Doctor's signature Practice stamp