

## Application for Compensation for Disadvantage

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

D. o. b.: \_\_\_\_\_ Enrollment no.: \_\_\_\_\_

WiSe \_\_\_\_\_ SuSe \_\_\_\_\_

### Reason and evidence

I attend the language course " \_\_\_\_\_ "

at \_\_\_\_\_ (Teacher).

Since \_\_\_\_\_ I have been suffering from \_\_\_\_\_ (chronic illness)/

I have a disability \_\_\_\_\_ (where relevant degree of disablement \_\_\_\_).

Due to the chronic illness / disability, I experience the following limitations / impediments / problems in examinations / sections of examinations / language courses: \_\_\_\_\_

(Examples: due to my illness my resilience is limited, I need longer breaks, have a limited daily workload, difficulties with concentration, require extra time to complete assignments, am frequently absent etc.)

For this reason, I am applying for the following compensations for disadvantage in order to successfully complete the examinations / continue the program of studies:

(Examples: individual study schedule, examinations under particular conditions, lecture notes for seminars, special aids, consideration of illness-related absences, study assistance etc.)

Since \_\_\_\_\_ I have been undergoing (medical, therapeutic, psychotherapeutic, psychological) treatment and append the following evidence to my application:

Medical certificate

Medical attestation

Proof of treatment

Hospital attestation

Other: \_\_\_\_\_

Applicant: \_\_\_\_\_, \_\_\_\_\_

Date / Signature

Board of Examiners: Authorized \_\_\_\_\_, \_\_\_\_\_

Date / Signature