OSNABRÜCK UNIVERSITY

Request for disadvantage compensation

To the Chair of the Examination Committee[1]:

Applicant

Surname, first name:

Date of birth:

Student ID number:

Degree program:

Subjects:

Street:

House number:

Zip code:

Town or city:

Phone:

Email address:

Due to:

☐ prolonged or permanent (physical) disability or impairment

☐ another reason:

I am unable to complete the graded or ungraded coursework in the prescribed format or by the prescribed deadlines, either in full or in part.

Additional explanations of the reason (illness/disability/impairment):

The following supporting document is attached

☐ certificate from a medical specialist *(Facharzt/Fachärztin)* dated:

☐ certificate from a medical officer *(Amtsarzt/Amtsärztin)* dated:

☐ recognition notice *(Anerkennungsbescheid)* from the pension office *(Versorgungsamt)* dated:

☐ Regarding the supporting document, I would like to request a personal meeting.

1 In the case of courses offered by the Language Center: To the head and/or the responsible head of teaching unit.

My

☐ illness/illnesses ☐ disability/disabilities

has/have the following impact on examinations:

I request disadvantage compensation for graded and ungraded coursework[2]

☐ for the summer semester: ☐ for the duration of my studies, depending on the nature of the impairment

☐ for the winter semester: ☐ for semester(s): (validity of the assessment)

for the following graded and ungraded coursework:

I request the following disadvantage compensation

☐ a % time extension

☐ a different examination format[3]

☐ the following spatial/technical alteration[4]:

☐ the following other form of disadvantage compensation:

Place, date, signature (applicant)

2 Please submit your request at the start of the semester.
3 Provided that another possible examination format is specified in the module description.
4 Provided that the alteration does not conflict with the purpose of the graded or ungraded coursework.