

APPLICATION COMPENSATION FOR DISADVANTAGES

Contact details

Last name / First name:

Street / No:

ZIP / place of residence:

E-mail:

Telephone (mobile):

Impairment

Dyslexia

ADHD

Dyscalculia

Others:

Application

I have read the regulations regarding compensation for disadvantages and hereby apply for the following measures / aids.

All requested measures / aids must be explicitly mentioned in the certificate issued by the specialist. If you are applying for a separate examination room (with a small group) for written exams, the certificate must include a detailed justification provided by the specialist.

Examinations concerned (written, oral, practical examinations):

Requested extra time (please refer to the regulations on compensation for disadvantages):

Aids / Examination format (please refer to the regulations on compensation for disadvantages):

Certificate issued by a specialist

Please note that your application can only be considered if it is accompanied by a current certificate (not older than two years) issued by a qualified professional.

Date of the certificate:

Name and title of the specialist:

Place, date:

Signature student: