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Information on applying for compensation for disadvantages due to disabilities/chronic illness when taking module examinations and completing assignments

At the start of the lecture period, you should gather information which subjects you want to take an examination in, how the examination is normally organised, and what compensation for disadvantages you need.

If you need consultation on these matters, please contact the Examination Board in Building G1, Room 022, Phone 0234/968-3433 or your responsible study advisor.

Please submit the completed application form "Compensation for disadvantages" in due time to the chairperson of the THGA Examination Board. You are allowed to submit this form electronically without signing the form provided that you are sending the completed form from your THGA student email address (compulsory). Please add all documents mentioned in the application form.
The chairperson of the THGA Examination Board and the team are bound to secrecy towards third parties.

Please bear in mind that the application for compensation for disadvantages and its approval **do not mean that you have registered for an examination**. You still need to complete this registration process via the student portal. You need to apply for compensation for disadvantages in addition to this registration and in due time according to the procedure described above.

Application for compensation for disadvantages due to disabilities or chronic illnesses

According to §10(7) of the university examination regulations (HPO)

Student ID: _____

Name, given name: _____

Study programme: _____

Date and place of birth: _____

In case of any questions, you can reach me on
Contact e-mail / phone number:

_____

Due to my disability/chronic illness I hereby apply for being granted a compensation for disadvantages for the following type(s) of examination:

1. □ Written examination
2. □ Oral examination
3. □ Term paper/research paper
4. □ Bachelor/Master thesis
5. □ Other: _____

As compensation for disadvantages I apply for the following relating to the types of examinations mentioned above:

1. □ _____

2. □ _____

3. □ _____

4. □ _____

5. □ Other: _____

 Comments (provide on separate page if needed)

_____
_____
_____

□ Proof – **compulsory** – as attachment
(Severely disabled person's pass or assessment notice from the pension office, medical certificates and statements, treatment reports regarding hospital and rehabilitation stays)

□ Description – **compulsory** – as attachment
of how you perceive the impairment or disability during the examination and which compensations could help you from your point of view

Place, date: _____

Student signature: _____

_____

Approved in the meeting of the Examination Board on _____