



Submission

An informal application for disability compensation shall consist of the following information:

Information about applicant	Date
Name/First Name/Registration Number	
Address/Email/Phone	

To the Family Services...
Mr./Ms. Prof. Dr. X
Chair of the Examination Board
Via the Student Office or the Division Director (Department 2)
or the Examination Office Department 3, 4 or 5

Application for Disadvantage Compensation for the Performance in the Examination for Programme Y

from the winter semester/summer semester

Dear Mr./Ms. ...,

- If necessary, reference to the consultation with the Student Office/Family Services Office/ Representative for students with disabilities and chronic illnesses
- Explanation about how the disability /(chronic or acute) illness /family responsibilities are affecting studies in a restrictive manner.
- Demonstrating the requested disadvantage compensation
- Enclose the following documents as proof (for example: current medical specialist /therapeutic certificates – best even – with specific recommendation for disability compensation, certification of pregnancy, birth certificates, certificate of closing time of the day care centre, certificate on (pressing) need for care or long-term care insurance assessment /certificate for care giving).

With best regards
Signature of the Student