

Application for compensation of (extra scientific) disadvantages

To be submitted to the examination board of the faculty

Personal data

Family name

Given name

Street, Number

Zip code, City

Telephone/mobile

E-mail

Matriculation number

Study programme

Due to the following situation:

- Disability/chronic disease,
- Pregnancy,
- Caring of close relatives (children, parents, grandparents, partners),
- Other

Personal statement

Measures/modification applied for	Decision of the examination board

