

Request for academic accomodations

Please fill in directly on your computer, if possible

You can send the application in advance by e-mail and submit the original by post!

Applicant

Family name:	First name:
Street/house no.:	Postcode/city:
Tel. no. (landline/mobile):	Gender (m/f/diverse/not specified):
Date of birth:	Matriculation no.:
Faculty	Degree programme:
Semester:	Bachelor/Master:
Student e-mail adr:	

TO

Ostbayerische Technische Hochschule Regensburg Prüfungsausschuss
 Prof. Dr. Ingo Striepling
 Postbox 12 03 27
 93025 Regensburg

E-Mail: pruefungsausschuss@oth-regensburg.de

Request for academic accommodations for examinations due to disability or chronic illness

Dear Prof. Dr. Striepling,

Due to

- prolonged or permanent disability/chronic illness or
- accident/temporary disability

I am unable to complete examinations within the prescribed time or in the prescribed form.

My disability consists of:

.....

It affects my study and examination performance (please tick)

- in the module..... or
- in all modules

in the following manner:

.....

I request an assessment of my eligibility for academic accommodations due to my disability in the aforementioned module(s).

I understand that usually **only one option** is granted.

I request the following accommodation:

..... % additional time for examinations

Use of a separate examination room

Other accommodation measures, namely:

.....
.....

A different form of examination than that intended, namely:

.....
.....

I request this accommodation for:

Winter Semester/Summer Semester:

The entire duration of my above-mentioned degree

I enclose as evidence:

A copy of my disability card **and**

a **current** medical certificate in accordance with § 29 (3) APO

The medical certificate shall contain all of the following **four items of information**:

1. Confirmation from the responsible doctor that the medical certificate is based on an medical examination of the student carried out by him or her personally,
2. the date of the medical examination,
3. a description of the current, examination-relevant physical, mental and/or psychological disability in sufficient detail that the university may determine to what extent and in what form an academic accommodation may be granted, as well as
4. the begin and expected duration of the disability.

Or in the case of temporary disabilities/accidents:

A **current** medical certificate in accordance with § 29 (3) APO with the aforementioned information.

For your information (optional):

- I have contacted the General study counseling and release them from their duty of confidentiality in the case of questions about me.
- I have contacted the Disability Officer and release him/her from his/her duty of confidentiality in the case of questions about me.
- I release the doctor from his/her duty of confidentiality in the event of any enquiries about the certificate.

Place and date

.....
Signature