Request for Disability Compensation in Accordance with § 14 RPO

Immatrikulations- und Prüfungsamt Hochschule Wismar Ms. Connie Fischer Philipp-Müller-Straße 14 23966 Wismar



Request being submitted to
the Examination Board
of the Faculty of
Ms./Mr
Personal Details of the Person Submitting the Request
Surname, First name(s)
Date of birth
Telephone number
email
Student ID number
Degree course
Subject semester
Details of the Requested Measures for Compensating Disadvantages
Please note
Please note Please describe the measures as specifically as possible (e.g. extension of the length of written examination and/or length of time for writing-up a written assignment, allocation of a separate room for the examination, interruptions of written examinations for pauses, change of the type of examination). Please indicate for which types of examination (e.g. written examination, written assignment, oral examination, excursion, internship) and for how long the requested measures should apply (e.g. all written examinations up until the end of the bachelor's degree course).
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Frounds for the Request	
Please note	
The grounds must contain details that are comprehensible for the nust refer to the impairment(s) and the associated disadvantage elevant to coursework and examinations, or other details. In place the (health) impairments affect activities relevant for your naking a presentation, taking part, concentrating, working in general concentrating.	ges or handicaps that are articular, they should explain studies (e.g. reading, writing,
ree text	
nclosed Proof (please cross-off)	
Doctor's certificate or statement from a specialist	
Statement from a fully qualified psychologist	
Notification of assessment from the Versorgungsamt (Germa everely disabled) or Schwerbehindertenausweis (proof that yo	• •
Notification of approval from a cost bearer e.g. for benefits in GB XII	n accordance with §§ 53, 54
Treatment reports, e.g. after inpatient or partially inpatient t	reatment at a hospital
Statement or report from a rehabilitation organisation	
Statement from the advisory office for the interests of studer Inesses	nts with disabilities or chronic
Other, i.e. (free text)	

Date and Signature applicant		
Information and Advice		
More information about possible of examinations can be found on our https://www.hs-wismar.de/nachto		
Nur von der Hochschule auszufüllen/ To fill only from the university		
Stellungnahme der Beratungsstell	e für Studierende mit Behinderungen	
Datum	Unterschrift	
Entscheidung des Prüfungsaussch	usses	
Dem Antrag wird entsprochen		
Dem Antrag wird in folgendem Um	ıfang entsprochen	
Dem Antrag wird nicht entsproche	n □	
Begründung		
Datum	Unterschrift des Prüfungsausschusses	