

Application for compensation of disadvantage

for submission to the Examination Office/ committee:

1. Details of the Applicant

Last name, first name	
Registration number	
E-Mail	
Study program	

2. Information on compensation of disadvantage

I am requesting compensation of disadvantage for the following examination or course performance:

Please explain your situation, due to which you are not able to provide this performance in the intended form/deadline. Please include all circumstances that have an influence on this, such as the childcare or care situation (including the extent of care, the persons involved, the extent of external care or care by service providers), possible employment, current study periods and other tasks/obligations:

3. Please attach only the required evidence to the application:

- Medical confirmation of sick leave/level of care of a dependent person
- Pregnancy record or similar
- Evidence of regular childcare (e. g. contract with daycare provider/daycare center)
- Other

4. Confirmation

The notice may be sent to me at the above email adress Yes No

I hereby certify that all information provided is complete and true.

Place, Date

Signature Applicant