

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 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).

Measures (*free text*)

1. _____

2. _____

3. _____

Date and Signature applicant

Information and Advice

More information about possible compensation for disabilities for coursework and examinations can be found on our website, under <https://www.hs-wismar.de/nachteilsausgleich>

Nur von der Hochschule auszufüllen/

To fill only from the university

Stellungnahme der Beratungsstelle für Studierende mit Behinderungen

Datum

Unterschrift

Entscheidung des Prüfungsausschusses

Dem Antrag wird entsprochen

Dem Antrag wird in folgendem Umfang entsprochen

Dem Antrag wird nicht entsprochen

Begründung _____

Datum

Unterschrift des Prüfungsausschusses