

# Request for compensation for students with disabilities, chronic or mental illness

Submit this request when registering for the examination and at least **two months before the examination** to the examination board responsible for your degree programme.

**To the responsible  
Examination Board**

## Personal details

|                          |               |             |
|--------------------------|---------------|-------------|
| <b>Name (student)</b> :  | First Name ↓  | Last Name ↓ |
| <b>Email</b> :           | Matrikel-No.: |             |
| <b>Study programme</b> : |               |             |

If you have any questions please contact the representative for students with disabilities, chronic or mental illness:  
[inklusion@th-koeln.de](mailto:inklusion@th-koeln.de)  
[Study with disabilities](#)

## Details for the request of compensation

|                    |                 |                                      |
|--------------------|-----------------|--------------------------------------|
| <b>This is a</b> : | initial request | follow-up request – initial request: |
|--------------------|-----------------|--------------------------------------|

You can fulfill the cleaves #1 bis #4 with details to four examination and study achievements:

|   |      |      |      |      |
|---|------|------|------|------|
| <b>Which modules, exams final theses or practical phases are affected by the impairment in the next semester?</b> : | #1 ↓ | #2 ↓ | #3 ↓ | #4 ↓ |
|---|------|------|------|------|

The limitation on four is only for reasons of space. You can fill out this page several times and attach it to your application.

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Examination/Submission date (if already known)</b> : |  |  |  |  |
|---|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Teacher/Examiner (if already known)</b> : |  |  |  |  |
|--|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>How does the impairment influence your studies and what disadvantages does it cause in your studies?</b> : |  |  |  |  |
|---|--|--|--|--|

You can find examples and further explanations in the 'Guide to compensation for disabilities'.

|  |           |                      |
|--|-----------|----------------------|
| <b>Do you want to give in further documents in addition to the obligatory medical report (e.g. own statement, initial request disabled person's pass)?</b> : | Yes<br>No | ☞ If yes, which one: |
|--|-----------|----------------------|

### Fulfilling the form in three steps

1. Please send the second page of this request to your doctor. If your doctor would like a German version, please take the second page of the request in German.
2. Please sign the form digitally or by hand once all the details have been provided

## Signature

|  |   |
|--|---|
| <b>Confirmation and Signature of the applicant</b> : | <p>I hereby confirm that I have provided all information in the application truthfully. I am aware that any false statements may result in the compensation for disabilities being revoked and the study or examination achievements undertaken in this way being assessed as 'failed'. I undertake to notify the examination board of any significant improvement in my state of health, as this may result in any compensation for disadvantages already granted (including indefinite compensation) being withdrawn if the prerequisites for this are no longer met.</p> |
|--|---|

3. Submit the complete and signed form to the relevant examination board  
([↗ List of examination boards](#)).

|               |                              |
|---------------|------------------------------|
| Place, Date ↑ | Signature of the applicant ↑ |
|---------------|------------------------------|

# Attachement: Medical report

Please ask your doctor to fill out this form.

**Information for the doctor:** If students are unable to take exams under the usual conditions cause of a disability, chronic or mental illness, they can ask for measures (so-called compensation for disadvantages) in order to individually adapt the examination modalities while maintaining the learning objectives to be achieved. Your information and recommendations support the examination board in deciding about possible compensation for disadvantages.

Name of the student and  
information about medical  
treatments :

Name of the student ↓

is in medical treatment here for the first time today

What are the typical  
symptoms of the impair-  
ment or illness and their  
effects on the studies or  
examinations? :

Please describe the symptoms so that a non-specialist can understand them.

← Examination modalities can be adjusted as follows:

- **Exam organization** (e.g. scheduling and duration)
- **Exam setting** (e.g. room, seating or equipment)
- **Exams procedure** (e.g. extension of time to complete the exam, rest breaks, technical aids or assistance)
- **Examination materials** (e.g. Braille, large print)
- **Examination format** (e.g. verbal instead of written, individual instead of group work or finding a substitute work)

Prognosis of the disease  
progression :

The disadvantages described are expected to persist over this period:  
permanent expected for several months prognosis not possible

Please describe which  
disadvantage-compensat-  
ing measures you recom-  
mend from a medical point  
of view :

Are there reasons why the  
student was unable to  
submit the request in time  
(i.e. at least two months  
before examination)? :

No Yes ↘ If so, please explain:

← Students must submit this request when registering for the exam, but at least two months before the exam. In exceptional cases, the request may be submitted later.

Medical confidentially  
release,  
contact details,  
signature :

The student has signed a medical confidentially release regarding the information provided here.  
The examination board can contact me for any questions:

Email: Phone:

Place, date ↑

Signature of the doctor ↑

Medical practice stamp