Faculty of Life Sciences Compensation of disadvantages

Surname
Forename
Student ID
E-Mail (HU-Account)
Degree (B.Sc., M.Sc./M.A., M.Ed.)
Title of degree programme
Major/minor (only B.Sc. combined)
Semester
Applied compensation
□ Change type of exam
□ Postpone date of exam
□ Change duration of exam
□ Extend time for
☐ Change location of exam
☐ Allow tools and aids and/or assistance
□ Other:
If change of exam type
□ Oral instead of written
□ Written instead of oral
□ Paper
□ Written exam (Klausur)
□ Portfolio
□ Essay
□ Multimedia exam
□ Practical exam
□ Other type of exam:
□ Splitting (psychology only)
Period*
□ Whole study period
□ Specific semesters:
Which exams are affected? - Please name module title, exam number (if known) and exam date. (Not needed when applied for whole study period.)

 $^{^{}st}$ If you are granted compensation for disadvantages for several semesters, please inform your responsible examination office in good time about your respective examination registrations for each semester.

Reason
 □ Disability □ Chronic disease □ Caring for close relatives in need of care pursuant to the German Long-Term Care Act □ Pregnancy □ Caring for and raising a child aged ten years or younger □ Other valid reason:
Explanation of the reason stated above
Attached proof
 □ Birth certificate(s) □ Medical certificate □ Psychological/psychiatric report/certificate □ Other:
Date, signature