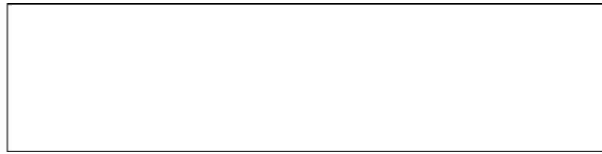




LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN



Application for compensation for disadvantages caused by disability or chronic illness

Examination office:

Surname, First name:

Date of birth:

Street:

Town/City:

Registration number:

Degree program:

Bachelor

Master

Teacher Degree Program

Master (Magister Artium)

Diploma

State examination

Doctoral studies

Postgraduate studies

Affected courses:

Due to disability or chronic illness I am unable to take exams in the given time frame or form.

Particulars of my disability:

My disability impacts my exam performance as follows:

In compliance with the effective Study and Examination Regulations based on the severity of my proven disability I apply for:

_____ an extension of time on the exam duration by _____ percent or/and

_____ other appropriate modified exam conditions, namely:

Please find attached the following documents supporting my application:

_____ a copy of my disability card or/and

_____ (Expert) medical testimony¹

Application date²

Student signature

Digital student signature³

¹ must be submitted in German or English.

² Attention: Please note that according to the regulations of the examination and study regulations, the application for compensation for disadvantages must be submitted at the latest when registering for an examination or at the latest four weeks before the examination.

³ Please enquire whether a digital signature is accepted at your responsible examination office in advance.