

## Request for reasonable accommodation during examinations

Name	
Matriculation number	
Study course	
Semester	

**Following health impairment exists:**

**Above-mentioned health impairment exists**

permanently

at least until

**Effect of the above-mentioned health impairment on studying, examinations, certain classes or certain types of examination:**

**Due to the above-mentioned health impairment, the following reasonable accommodation for the following classes, examinations, types of classes, or types of examinations are requested:**

**The following proof(s) (e.g. a medical certificate) is/are attached to the application:**

Hamburg,

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(Applicant's signature)

*The signed original of this application has to be sent to the Central Examination Office.*