HEILBRONN UNIVERSITY
OF APPLIED SCIENCES

Examination performances

Examination Board of the Faculty	
Chairperson of the Examination Board	
Examination Planning of the Degree Programme	

Personal data of the applicant

Last Name	
First Name	
Matriculation Number	
Degree Programme	
E-Mail	

My application for compensation for disadvantages was granted

☐ permanently ☐ for the following period

Please note that implementing approved compensation for disadvantages in the examination schedule involves significant organisational effort.
Although students have the right to withdraw from examinations online, the examination coordinators have invested considerable time and effort in arranging individual accommodations. For this reason, your exam registration should be “realistic and feasible”.

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HEILBRONN UNIVERSITY
OF APPLIED SCIENCES

Last Name	
First Name	

I will register for the following examinations in

☐ winter term ☐ summer term

Examination Number	**Designation**	**Applied for Compensation for Disadvantages ***	**Compensation for Disadvantages Granted ***
123456	*example*	*SV 30, ZP 20 min.*	*SV 20, ZP 20 min.*

*** List of Abbreviations:**

SV	Extended writing time (in %)
ZP	Additional breaks if needed, ZP 1 x 20 min.
SR	Separate examination room, up to five people are possible.
HM	Use of special aids (e.g. diabetes app)

Once signed by the Chair of the Examination Board, the document will be sent back to the applicant.

This document may be used by the student as proof during examinations.

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