

## Information on Reasonable Adjustments

Due to health impairments, students may experience difficulties when taking examinations or organizing their studies. In such cases, students with health impairments have the opportunity to apply for 'reasonable adjustments'. These enable students to participate in their studies and examinations on equal terms. Reasonable adjustments do not constitute preferential treatment but are a legal entitlement which - in addition to Germany's Basic Law and the UN Convention on the Rights of Persons with Disabilities - is defined in Section 5 (7) of the Thuringian Higher Education Act:

*"... The universities work together with Thuringian Student Services to provide social support for students ... To this end, they shall take particular account of the special needs of applicants, students and doctoral candidates with disabilities, mental or chronic illness; in doing so, they shall ensure that disadvantages with regard to course delivery and examinations are offset, and they shall work towards establishing and ensuring barrier-free accessibility of their services for people with disabilities..."*

Subject to each individual case, various measures can be considered as 'reasonable adjustments', such as individual adaptation of teaching and examination conditions.

## Applying for Reasonable Adjustments

In order to be eligible for reasonable adjustments in examinations and/or regarding the organization of studies, a written application must be submitted to the Examination Board of the faculty concerned, describing the impact of the impairment on the student's ability to take examinations or conduct their studies. The individual diagnosis does not necessarily have to be addressed.

The application should propose reasonable adjustments. Adequate evidence of the health impairments must be submitted together with the application. The application should be submitted as early as possible (four to six weeks before the examination dates).

Reasonable adjustments granted due to impairments must not be mentioned in certificates.

## Application for Reasonable Adjustments

### Application to

the Examination Board of the faculty \_\_\_\_\_

### Personal details of the applicant

Last name, first name \_\_\_\_\_

Date of birth \_\_\_\_\_

Telephone no. / email \_\_\_\_\_

Student ID number \_\_\_\_\_

Degree course \_\_\_\_\_

Semester of study \_\_\_\_\_

### Details of the reasonable adjustments proposed

#### Notes

Please describe the proposed measures as precisely as possible e.g.

- extension of working time for examinations and/or assignments; indication in minutes or percentage of regular working time
- assignment of a separate room
- breaks in examinations when necessary, modification of the format of examinations.

Please indicate which exam subjects, types of exams (e.g. written exams, term papers, oral exams, practical exams) and periods of time the requested measures apply to (e.g. all written examinations until the end of the Bachelor's degree).

### Adjustments

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Reasons for the application**

#### **Notes**

The reasons must include information that is comprehensible to third parties. This information must relate to the impairment(s) and the associated disadvantages or difficulties with regard to studying, examinations or other demands. In particular, it should explain how the student's health impairments affect study-related activities (e.g. writing, reading, presentations, active participation, concentration, working in groups).

#### **Please explain your reasons here:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supporting documents supplied (please tick those applicable)**

- medical certificate or statement of a medical professional
- statement of a licensed psychological psychotherapist
- confirmation notice from the Pensions and Benefits Office or severely disabled person's ID card
- approval notice issued by a funding agency, e.g. for benefits according to §§ 53, 54 SGB XII
- treatment reports, e.g. after inpatient or partial inpatient treatment
- statement or report of a rehabilitation provider
- statement of the Diversity Officer
- other: \_\_\_\_\_

**I hereby certify that the information I have provided is complete and correct.**

\_\_\_\_\_  
**Town/city, date**

\_\_\_\_\_  
**Signature (applicant)**

**Decision of the Examination Board**

- The application is granted
- The application is granted to the following extent

\_\_\_\_\_  
\_\_\_\_\_

- The application is denied

Justification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Town/city, date**

\_\_\_\_\_  
**Signature (Head of the Examination Board)**