

Requesting reasonable accommodations

To the chair of the examination board responsible for the course:

☐ First request ☐ Follow-up request

Personal data

Matriculation number:

Last name, first name:

Street, house number:

Post code, town:

Phone number:

Email address:

Information on academic studies

Course (major/minor):

Intended degree:

Course-related semester:

Reasons for the request

Your request must contain information that is understandable to third parties. These information must include details on the health impairments (e.g. disability or chronic health condition). You can name specific diagnoses, but you do not have to. It is important that you explain in an understandable way what disadvantages or difficulties you will have in your studies and examinations or in fulfilling requirements for coursework in connection with your impairment. In particular, you should explain how the health impairments affect study-related activities (e.g. handwriting, typing, sitting, reading, presenting, attending classes, concentrating, working in groups).

I hereby request reasonable accommodations due to the following health impairments and the resulting disadvantages in my studies:

Requested accommodations

Describe the requested accommodations as precisely as possible. Specify exactly what exact accommodation(s) you request and to which formats of coursework and examinations (e.g. written examination, term paper, presentation, excursion, internship) the requested measures refer. For example, a time extension of 25% for exams that require writing or calculations, a separate room for written and oral examinations or a postponement of the progress check by one semester could be requested.

I hereby request the following accommodations:

Information on examinations and coursework (optional)

Please indicate for which coursework and examinations the reasonable accommodations you are requesting are to be implemented. For all affected coursework and examinations, please state the designation according to the examination regulations/module handbook, the responsible lecturer, the format of the coursework or examination (e.g. written examination, term paper, presentation, excursion, internship). Please also indicate dates already known (e.g. date and time of an examination, deadline for a term paper, period of an internship).

I expect to take the following courses and examinations during the indicated period:

Attached supporting documents (please tick)

Tick the box of the supporting documents you are attaching to your request. Note documentation requirements in the examination regulations that apply to you!

- ☐ Medical certificate/opinion/report on findings
- ☐ Report from a licensed psychological psychotherapist
- ☐ Certificate of (severe) disability from the pension office or front and back of the disabled person's card

☐ other:

Time frame of the requested accommodations

Please indicate the semester(s) for which you are requesting reasonable accommodations. According to the Bachelor's and Master's Examination Regulations of Saarland University (BMRPO) of 17 June 2015, a request must be submitted every two semesters, provided that the impairment still requires accommodation.

The request applies to the:

- ☐ Summer semester
- ☐ Winter semester

Involvement of the Inclusive Education Office (BiS)

At Saarland University, the Inclusive Education Office (BiS) serves as the University's central resource for students with disabilities or chronic health conditions. BiS provides consultations on, among other things, reasonable accommodations and, upon request, may prepare supportive statements or participate in accommodation procedures.

Please indicate whether you would like BiS to be involved in your request.

Supportive statement by BiS

- ☐ I have already requested a supportive statement from BiS. The statement will be transmitted directly to the examination board by BiS. My consent has already been provided to BiS.
- ☐ I request that the examination board obtain a supportive statement from BiS. I have attached the required consent form to this request form. ([Consent form](#)).

Professional dialogue with university offices

- ☐ I have already provided consent for professional dialogue between BiS and relevant university offices. This consent applies to the present accommodation request.
- ☐ By submitting this application, I provide my consent for professional dialogue between BiS and relevant University offices. I have attached the required consent form to this request form. ([Consent form](#)).

Information on the Procedure and Data Processing

A valid consent is required both for BiS to prepare or provide a supportive statement and for any professional dialogue between BiS and other University offices. Additional information is available here: [Information on supportive statements and professional dialogue](#).



Location, date



Signature

This request form was created on the basis of the form "Applying for reasonable accommodations" of the University of Hamburg. We sincerely thank Dr. Maïke Gattermann-Kasper, Representative for Students with Disabilities and Chronic Illnesses at the University of Hamburg & Representative for Students with Disabilities and Chronic Illnesses pursuant to Section 88 of the Hamburg Higher Education Act (Hamburgisches Hochschulgesetz, HmbHG), for granting permission to adapt and use this material.