

Confirmation of a Study-Relevant Impairment

NOTE FOR SPECIALIST DOCTORS / CLINICAL PSYCHOLOGISTS:

This document serves as the basis for determining alternative examination modalities due to a study-relevant impairment. The more detailed the certificate, the better needs can be met.

Name of the student / applicant:

Confirmation of study-relevant impairment and expected duration:

(Please specify which function(s) are impaired – do not include a diagnosis)

Description of how the impairment affects the student's ability to study and why certain examination modalities are not feasible:

Recommendation on how compensatory measures should be implemented:

(Details on adjustments to examination modalities, possible support services, etc.)

Place, Date, Name, Signature and Stamp of specialist doctor / clinical psychologist