For submission to the Head of Studies

**Confirmation of study-relevant impairments**

The MCI will use this confirmation as basis for **possible modifications of respective examination methods**. Please **DO NOT state any (details on) diagnoses or medical history.** Only impairments affecting your course of study are relevant.

A legal claim to a modified examination method requires

* proof of impairment (confirmation by a medical specialist),
* proof that the impairment demands a modified examination method, and
* that the content and level of the examination will not be affected.

## STUDENT INFORMATION:

|  |  |
| --- | --- |
| Study program: | Click here to type |
| Student ID number: | Click here to type |
| Surname: | Click here to type |
| First name: | Click here to type |
| Address: | Click here to type |
| Email: | Click here to type |
| Phone: | Click here to type |

I agree that my personal data will be processed by the department’s administration and, if necessary, by the relevant faculty in order to ensure my further course of study.

|  |  |
| --- | --- |
| Date | Signature (student) |

## DETAILS PROVIDED BY A MEDICAL SPECIALIST ON STUDY-RELEVANT PHYSICAL, PSYCHOLOGICAL AND/OR SOCIAL IMPAIRMENTS (PLEASE TICK AND COMPLETE):

## Type of impairment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gross motor skills | | | | |
| Running | temporary\* | | permanent |
| Walking | temporary\* | | permanent |
| Sitting | temporary\* | | permanent |
| Standing | temporary\* | | permanent |
| Fine motor skills | | | | |
| Speech disorder | temporary\* | | permanent |
| Fine motor skills (hands / fingers) | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| Hearing loss | | | | |
| mild (up to 30 dB) | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| moderate (30-60 dB) | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| severe (60-90 dB) | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| deaf (from 90 dB) | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| Vision | | | | |
| low contrast vision | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| low color vision | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| limited visual field | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| severe limited vision (vision ≤ 5%) | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| blind (vision ≤ 2%) | temporary\* right | | permanent right |
| temporary\* left | | permanent left |
| Cognitive and/or mental condition | | | | |
| Cognitive and/or mental condition: | temporary\* | | permanent |
| Click here to type | | |
| Specific learning disabilities | | | | |
| Dyslexia | | Dysgraphia | | |
| Dyscalculia | | Dyspraxia | | |
| Other conditions which may affect your studies (please state if permanent or temporary\*) | | | | |
| Click here to type | | | | |

\*Please specify period

2.2 Effect of impairment

Stated impairment(s) may hinder attendance:

|  |  |  |
| --- | --- | --- |
| for hours | for days | for weeks |

Stated impairment(s) may affect performance (e.g. self-study, homework, group work, papers etc.):

|  |  |  |
| --- | --- | --- |
| for hours | for days | for weeks |

Which exams are affected?

|  |  |  |
| --- | --- | --- |
| written exams | oral exams | presentations |

Please specify how exams are affected:

|  |
| --- |
| Click here to type |

Confirmation of medical specialist

|  |  |  |
| --- | --- | --- |
| First name | Click here to type | |
| Surname | Click here to type | |
| Specialist for | Click here to type | |
| Address | Click here to type | |
| Date | Stamp | Signature (specialist) |