University of Passau

Examinations Office



Innstraße 41 94032 Passau			Version exa				
Name		First name			Matrice		
Address			E-Mail				
			Telephone				
A	pplication for recognition	on of inabili	ty to take e	examinatio	ns due	to illness	

Your study programme:

On the basis of the original medical certificate enclosed (not a certificate of incapacity of work!), I <u>irrevocably</u> apply for recognition of incapacity for the following examination(s) due to illness:

Note: Proof can be provided in the form of a separate medical certificate, <u>or</u> the medical confirmation on the back of this form.

Examination number	Subject/ module name	Exam date

If the inability to take an examination due to illness is recognized, the following note will be added to the relevant examination(s) is your registration portal (Campusportal/ HisQis) no later than two weeks after receipt "ATT" (certificate) entered.

Re-registration for the next examination date must take place during the regular registration deadlines via your registration portal (Campusportal/ HisQis).

Pleas follow the instructions of the information sheet "Inability to take examinations due to illness "!

University of Passau Application "Inability to take an examination due to illness" Examination secretariat 1 + 2



Name of		First name			Matriculation				
the patient					number				
Address			E-Mail						
			Telephone						
			relepriorie						
Medical declaration									
It is the re	sponsibility of the Exam	ination Offic	ce to asses	s the exam	ination eligibility o	f the above-			
	student on the basis of you								
	oms, i.e. the physical or psy								
	ce examinations. Fluctuation								
that justify a	a significant impairment.	-				-			
Due to the	ir duty to co-operate, stud	ents are der	nerally oblige	ed to disclos	se their complaints	s in order to			
	their inability to take exar								
confidentia			,	y ,	,				
I certify the	following symptoms of illnes	s and impair	ment (please	explain in la	ayman's terms):				
				· 	,				
Health impa	airment is (please tick): \Box pe	ermanent, for	an unforese	eable period	of time \Box tempor	ary			
Duration of	symptoms of illness: from		ur	to an includ	lina:				
Burduon or	cymptemic of infects. Them			, to arr irrorae	·····g				
Dloos Data			C+-	mn and size	oture of the deeter				
Place, Date			Sta	mp and sign	ature of the doctor				

Internal processing note:

Registered in EXA on _____ Name sign _____