

University of Passau
Examinations Office

Innstraße 41
94032 Passau

Your study programme:	
Version examination regulations:	

Name		First name		Matriculation number	
Address			E-Mail		
			Telephone		

Application for recognition of inability to take examinations due to illness

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

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) in 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 “!

Name of the patient		First name		Matriculation number	
Address			E-Mail		
			Telephone		

Medical declaration

It is the **responsibility of the Examination Office** to assess the examination eligibility of the above-mentioned student on the basis of your qualified information. Please do **not describe the diagnosis, but the symptoms**, i.e. the physical or psychological effects caused by illness that lead to the impairment of the ability to take examinations. Fluctuations in daily form, exam anxiety, exam stress or similar are not symptom that justify a significant impairment.

Due to their duty to co-operate, students are generally obliged to disclose their complaints in order to determine their inability to take examinations and, if necessary, **to release you from your duty of confidentiality.**

I certify the following symptoms of illness and impairment (please explain in layman's terms):

Health disorder is (please tick): permanent, for an unforeseeable period of time temporary

Duration of illness: from _____ up to an including: _____

Place, Date

Stamp and signature of the doctor