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) |