

Application for special circumstances at written exams
(extension of the duration of examinations, special examination rooms, etc.)

CPR-number _____ Study: _____
First name(s): _____
Last name: _____
Address: _____
Postal code: _____ City: _____
Telephone No.: _____ Mobile Phone: _____
E-mail: _____

Application for the following exemption:

Semester: _____

Course: _____

Reason: _____

Date *Signature*

**The application must be handed in by 30 March/30 October at the latest.
Applications handed in after these deadlines will be declined.**