

First name and last name of applicant: \_\_\_\_\_

Study programme / semester: \_\_\_\_\_

Email address (@fb.hs-fulda.de): \_\_\_\_\_

Matriculation number: \_\_\_\_\_

**Application for compensation for disadvantages (Nachteilsausgleich)  
in respect of examinations according to § 21 (1) of the  
General Examination Regulations (BPO)  
for the semester \_\_\_\_\_**

Dear \_\_\_\_\_,  
due to a chronic illness/disability, I am unable to take the examinations in the prescribed form or within the prescribed time. This concerns:

Module(s)	Examiner	Type of examination	Duration of examination

Reasons (detailed description of impairment):

I therefore apply for compensation for disadvantages in the form of the following arrangements:

Yours sincerely

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of applicant

Attachments (appropriate supporting document):

\_\_\_\_\_

<b>The application is approved:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In part
<b>The application is valid:</b>	<input type="checkbox"/> On a one-off basis	<input type="checkbox"/> Permanently	
Comments:			
_____ Place, date		_____ Signature of application validator	