

University of Passau
 Examination Office

Innstraße 41
 94032 Passau

Your study programme:	
Version examination regulations:	

Name		First name		Matriculation number	
Address		E-Mail			
		Phone			

Application for recognition of inability to attend an examination 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:

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

Examination number	Subject/ module name	Exam date

If the inability to take the exam due to illness is recognized, a note marked "ATT" (medical certificate) will be entered for the respective examination(s) in your registration portal (Campus Portal) no later than two weeks after receipt of the original medical certificate.

Registration for the next examination date must be completed within the regular registration deadlines via the registration portal (Campus Portal).

Please follow the instructions of the information sheet "Inability to attend an examination due to illness"!

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 symptoms 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 impairment is (please tick): permanent, for an unforeseeable period of time temporary

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

Place, Date

Stamp and signature of the doctor