

Last name, first name _____ Student ID number: _____

Application for compensation for disadvantages

By email or post to the responsible Examinations Office

Please submit your application for compensation for disadvantages as early as possible, ideally three months before the first examination for which the application is being made.

Personal data

Date of birth _____ Semester _____

Phone number _____

Email address _____

Bachelor of Arts Master of Arts Bachelor of Science Master of Science

Bachelor of Music Master of Music Other degrees

Subject(s) or educational studies/practical semester/general studies for which you are applying for compensation for disadvantages:

Information on compensation for disadvantages

If students experience disadvantages in their studies due to impairments (disability and/or chronic illness), these disadvantages can be compensated through appropriate measures. Such accommodations take into account the difficulties that students with disabilities face in demonstrating their knowledge and skills under standardised conditions. However, the following conditions must be met for compensation for disadvantages to be granted:

- Equal opportunities for all students must be maintained, i.e. compensating for disadvantages must not lead to students with disabilities being placed at an advantage.
- The impairment must be long term, i.e. there may not be any certainty of cure or freedom from symptoms in the foreseeable future. § 2 (1) of Book IX of the German Social Code [SGB IX] currently assumes that a prolonged impairment is very likely to last longer than six months.
- Compensation can only be granted for disadvantages that are not related to the core competencies to be assessed (a first indication of which can be found in the module descriptions of the respective examination regulations) and that do not give students with disabilities an advantage in achieving examination results corresponding to the competencies to be assessed.

Last name, first name _____ Student ID number: _____

- An application can only be made for a programme in which you are already enrolled, i.e. you cannot apply for compensation for disadvantages for a master's programme while you are still studying for your bachelor's degree.

The procedure for compensating for disadvantages

- If necessary, please contact the Student Advice and Counselling Centre (ZSB) or the Faculty Representatives for Students with Disabilities for advice on compensation for disadvantages and other relevant information.
- If you think you may be eligible for compensation for disadvantages, please submit the application form (see below) by email or post to your Examinations Office as soon as possible, together with all the necessary documentation, in particular medical certificates and supporting documents, and the data protection policy with Declaration of Consent. (Please note that all parties involved will aim to process your application as quickly as possible. However, due to the multi-stage coordination process, the processing time may take up to three months. Submitting an application at short notice does not entitle the applicant to a fast-tracked decision.)
- Where appropriate, the Examinations Office will consult with subject representatives and the University's legal department to make a recommendation on the compensation for disadvantages requested.
- The Examinations Office will forward the application for compensation for disadvantages, together with the agreed recommendation, to the appropriate body, which will decide whether to grant the application. The appropriate body (usually the Dean of Studies, the Dean or the examinations board) is specified in the relevant examination regulations in the paragraph on compensation for disadvantages.
- The Examinations Office will send you a notification stating the nature and extent of the compensation granted. This will also be the case if the compensation requested is refused.

Before the examination (usually at the end of the semester, but only if your application was submitted in time for it to be processed and for notification to be sent to you!):

- You are required to inform the examiners concerned of the existence of compensation for disadvantages in good time (by presenting the certificate intended for the university instructors)! Otherwise it may not be possible to implement the measures in time.

For which type(s) of examination or coursework do you request compensation for disadvantages?

The compensation for disadvantages I am requesting applies to:

- written examinations
- term papers (including presentations, essays...)
- oral examinations
- degree theses
- field trips / excursions
- other types – please specify:

Last name, first name _____ Student ID number: _____

For what period are you applying for compensation for disadvantages?

According to § 64 (2a) of the Higher Education Act of the Federal State of North Rhine-Westphalia [*Hochschulgesetz – HG NRW*], compensation for disadvantages for people with a disability or chronic illness should extend to all degree-relevant examinations and required coursework to be completed during the programme, provided that the condition/status of the student's illness or disability is expected to remain unchanged. However, it is also possible to decide on a semester-by-semester basis, especially if, from a subject-related perspective, different types of compensation for disadvantages can be considered for different examinations.

- summer semester: _____ winter semester: _____
 indefinite, for the entire degree programme

I apply for the following measure(s) to compensate for disadvantages (e.g. extra time for examinations, use of a study assistant, use of aids such as a notebook, magnifying glass etc.)

– please specify:

- _____ extra time (e.g. 20%) for the following form of examination: _____
 _____ extra time (e.g. 30%) for the following form of examination: _____
 notebook for written examinations
 study assistant (sole responsibility of the student)
 other (please state): _____

Reasoning for the application

Note: Your reasoning must contain information that is comprehensible to third parties. This information must relate to the impairment(s) and the associated disadvantages or difficulties in completing the required coursework and degree-relevant examinations. It should explain how your health impairment affects your study/examination activities, particularly in functional terms (limitations in perception, cognition, behaviour and physical functionality, depending on the clinical picture), e.g. writing by hand, typing, sitting, reading, presenting, severe distraction due to disruptive factors in the examination room etc.

Last name, first name _____ Student ID number: _____

Supporting documents enclosed (please tick):

An assessment by a medical specialist / psychotherapist in the form of a medical certificate must accompany the application. All medical certificates and supporting documents can be submitted without reference to a diagnosis. The purpose of the medical certificate or assessment is to provide evidence of the need for the recommended support measures to the Dean's Offices or examinations boards responsible for compensating for disadvantages. It is therefore important to specify as precisely as possible the functional limitations of students in an examination situation in the areas of perception, cognition, behaviour and physical functionality resulting from a medical condition, depending on the clinical picture, as the University can then find measures to compensate for the disadvantages caused by the individual impairment against the background of the applicable examination regulation(s), without violating equal opportunities for all students.

- medical certificate, assessment or report of findings issued by a medical specialist
- medical certificate issued by a licensed psychological psychotherapist
- notice of assessment of a (severe) disability issued by the *Versorgungsamt* (local government body responsible for the needs of disabled people)
- (excerpts from a) treatment report, e.g. after inpatient or day-care stays
- certificate of disability (a copy of the front and back)
- expert opinion on a diagnosis of dyslexia or dyscalculia
- other: _____

Place, date

Signature of applicant

Data protection policy in accordance with Article 13 of the General Data Protection Regulation [GDPR] and consent

Please remember to also sign the data protection policy below!

Project/occasion: Granting of compensation for disadvantages

1. Name and address of the data controller

For the purposes of the EU General Data Protection Regulation [GDPR], other national data protection laws of Member States and other data protection regulations, the data controller is:

University of Münster,
represented by its Rector, Professor Johannes Wessels,
Schlossplatz 2, 48149 Münster, Germany
Tel: + 49 251 83 0
Email: mailbox@uni-muenster.de

Last name, first name _____ Student ID number: _____

For information on compensation for disadvantages, please visit the Examinations Office website.

If you have any substantive questions about compensation for disadvantages, please contact the Faculty or University Representative for Students with Disabilities, or your contact person at the Examinations Office.

2. Name and address of the Data Protection Officer

The controller's Data Protection Officer is:

Nina Meyer-Pachur
Schlossplatz 2, 48149 Münster, Germany
Tel: + 49 251 83 22446
Email: Datenschutz@uni-muenster.de

3. Data processing in the context of granting compensation for disadvantages

a) Scope of data processing

We will process the following data concerning you in the context of granting compensation for disadvantages:

- (1) First name and last name
- (2) Email address and phone number
- (3) Student ID number and degree programme-related information
- (4) Health data

b) Purposes of data processing

The purpose of processing the above personal data is to be able to grant you compensation for disadvantages.

c) Legal basis for the processing of personal data

The legal basis for the processing of the above personal data by the University of Münster is your consent, Article 6(1), sentence 1, point (a) GDPR.

d) Other recipients of your personal data

Your above-mentioned personal data will be disclosed to the following recipients within or outside the University:

Recipients within the University of Münster:

- the Dean or Dean of Studies responsible for you
- where applicable, the members of the examinations board for your degree programme
- the subject representatives responsible for the examination
- staff of the University's legal department
- upon your request, the Faculty or, where applicable, University Representative for Students with Disabilities
- where applicable, members of staff of other examinations offices at the University

Last name, first name _____ Student ID number: _____

Recipients outside the University of Münster:

- where applicable, members of staff of the Münster University of Applied Sciences, if the requested compensation for disadvantages concerns examinations at that university.

e) Duration of the retention of personal data

The above personal data will be retained for as long as necessary for the purposes described above. If you withdraw your consent, the data will be erased.

4. Your rights as a data subject

You have a right of access to your personal data processed by the University of Münster (Article 15 GDPR), a right to the rectification of your personal data (Article 16 GDPR), a right to erasure (Article 17 GDPR), a right to restriction of processing (Article 18 GDPR) and a right to withdraw your consent (Article 7(3) GDPR).

You also have the right to lodge a complaint with the supervisory authority. The competent supervisory authority is the

North Rhine-Westphalia State Commissioner for Data Protection and Freedom of Information
P.O. Box 20 04 44,
40102 Düsseldorf,
Germany
Tel: +49 211 38424 0,
Email: poststelle@ldi.nrw.de

Declaration of consent

By giving your consent, you declare that the University of Münster may collect the personal data mentioned above in 3.a) and further process it for the purposes mentioned in 3.b).

You have the right to withdraw your consent at any time by contacting the data controller. The withdrawal of consent does not affect the lawfulness of any processing of data based on your consent which occurred before you withdrew your consent;

I hereby voluntarily consent to the collection and processing of my personal data. I have been informed of the scope and purpose of the data collection and processing and of my right to withdraw my consent. I have received a copy of the data protection policy and my declaration of consent.

Place, date

Signature of person giving consent