

Student Service Center

Special Needs Application

According to the Higher Education Act (BremHG) of the City State of Bremen, students with special needs should be able to complete their studies and examinations under conditions equivalent to those of any other student. To this end, as far as possible all study-and examination-related offers are designed to be barrier-free. Students with special needs are entitled to special arrangements during their studies, during study organization and design, as well as during examinations. In particular, consideration will be given to study-and examination-related effects, e.g. the need for special aids or assistance, and the provision of study and examination conditions in a form other than the intended organization. The level of academic requirements for study-and examination achievements will not be affected.

Students with special needs may apply for special study and examination arrangements. In so far the need for special arrangements is known, the application must be submitted at the beginning of the respective semester ie. by **October 1**st for the **Fall Semester** and by **March 1**st for the **Spring Semester**. In the case of long-term compensation measures, which may be granted for the entire duration of the study period, it must be submitted to the Student Service Center before the student takes up his/her studies. **All applications are treated confidentially**.

Personal Information			
Matriculation N°			
First and Family Name			
Academic Advisor			
Special Arrangements			
Student needs, please give a short description:			
Please specify additional measures e.g. :	O oral instead of written examination (e.g. for students with impaired sight)		
	O written instead of oral examination (e.g. for students with impaired hearing)		
	O extensions of submission deadlines for examinations, homework, etc.		
	O granting of breaks during examinations		
	O granting the possibility to take examinations in a separate room		
	O		

	Certificates should:		
	Contain the official letterhead of the attending physician/psychotherapist		
	Contain a date, a readable signature and an official stamp		
	 Contain a detailed description of special arrangements needed, e.g. the student needs 25% more time in written examinations 		
	Contain a time period for which the certificate is valid: permanent or temporary (in this case the time period must be defined)		
Certificates			
attached:	Submitted medical/psychological certificates should not contain a diagnosis but an outline		
	of special arrangements needed.		
	I hereby submit the following documents (please tick the corresponding box):		
	Medical certificate /statement		
	Statement of an accredited psychotherapist		
	O Disabled person card		
	Medical certificate /medical statement of hospital treatment		
0	udy Plan Information		

Semester Study Plan Information				
Please include the names of all courses, and their respective Instructors of Record, that you are registered for during the current semester	Course Name	Name of Instructor(s)		
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Declaration	I hereby confirm that I grant my consent for the Student Service Center to share the information within this application with my Instructors and all part			
of Consent pertaining to Jacobs University involved in enforcing the approved herewith.		ed in enforcing the accommodations		

Student's Signature				
Date	Signature			
Dean's Decision				
Special a	arrangements approved Special arrangements denied			
Date	Signature			