

## **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<sup>st</sup> for the Fall Semester** and by **March 1<sup>st</sup> 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**.

Special Arrangements			
<ul> <li>oral instead of written examination (e.g. for students with impaired sight)</li> <li>written instead of oral examination (e.g. for students with impaired hearing)</li> <li>extensions of submission deadlines for examinations, homework, etc.</li> <li>granting of breaks during examinations</li> <li>granting the possibility to take examinations in a separate room</li> <li></li></ul>			
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	Certificates should:		
	Contain the official letterhead of the attending physician/psychotherapist		
Certificates attached:	Contain a date, a readable signature and an official stamp		
	<ul> <li>Contain a detailed description of special arrangements needed, e.g. the student needs 25% more time in written examinations</li> </ul>		
	• Contain a time period for which the certificate is valid: permanent or temporary (in this case the time period must be defined)		
	Submitted medical/psychological certificates should of special arrangements needed.	not contain a diagnosis but an outline	
	I hereby submit the following documents (please tick the corresponding box):		
	O Medical certificate /statement		
	<ul> <li>Statement of an accredited psychotherapist</li> </ul>		
	O Disabled person card		
	O Medical certificate /medical statement of hosp	ital treatment	
Semester St	udy Plan Information		
	Course Name	Name of Instructor(s)	
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 of Consent	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 parties pertaining to Constructor University involved in enforcing the accommodations approved herewith.		

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