

[Student first name Last name]

[Street and house number]

[Zip code and city/town]

Matriculation number [...]

An den Prüfungsausschuss des Studiengangs [...]

z.Hd. des\*der Prüfungsausschussvorsitzenden [Frau/Herr ...]

[Straße des 17. Juni 135

10623 Berlin]

Berlin, [date]

**Application for academic adjustment for students with disabilities and/or chronic illnesses pursuant to Sections 4 (7), 9 (2), 31 (3) BerlHG and Sections 67 (1) AllgStuPO**

Dear [Name of the chair of the examination board],

Due to my illness/disability, I have the following symptom(s) [...]. This leads to difficulties in the following areas [description of your impairment(s) and their impact].

Because of my illness/disability, I am unable to complete coursework and examinations in the required form.

I thus request compensation for disadvantages in the form of:

- [...]
- [...]
- [...]
- [...]

In order to be able to study properly, I request academic adjustment for [the semester(s), the module(s) **or** for my entire bachelor's/master's studies].

Sincerely,

[Student first and last name and signature]

Attachment: Medical certificate or statement of a psychotherapeutic professional  
[and copy of disability ID if available]