

APPLICATION FOR COMPENSATION FOR DISADVANTAGES FOR COURSE WORK AND EXAMINATIONS AT THE UNIVERSITY OF ST.GALLEN

I. PERSONAL DETAILS

Surname, name:

Text box

Matriculation no. or admission no:

Text box

II. DETAILS CONCERNING THIS APPLICATION (Please tick where applicable.)

1. This application is

- the first application;
- a repeat application with (application must be filled in completely)
 - a) unchanged requirements with the request that the measures from the notification of _____ be taken over (only fill in points 2, 4a, 6 and 8),
 - b) changed requirements (application must be filled in completely).

2. This application refers to

- the admission test,
- examinations of the Integration Week,
- an extension of the Assessment Year,
- examinations at the HSG (central, decentral and accountancy examination),
- Other:

3. Contact details of your treating physician:

Text box

4. Statement of reasons for the application by the applicant

In order to be able to make a detailed assessment of your individual situation, we would like you to fill in the following text boxes according to your subjective experience. It is a matter of importance to the University of St.Gallen to be able to appraise your situation in as much detail as possible in order to enable us to provide you with equal opportunities in your studies. There is no standardised key as to what compensation for disadvantages is granted for what diagnosis. Therefore a personal meeting and a precise description, as well as the evidence to be submitted, are of great importance.

a) Brief description of the effects of your disability and/or chronic illness on general functioning:

Text box

b) Detailed description of the resulting difficulties relevant to your studies and examinations:

Text box

5. On the basis of the information provided in point 2, an application is made for the following specific compensatory measures:

Text box

6. These measures are applied for for the following period of time:

- Once
- For a semester
- For the entire duration of studies
- Other:

Text box

7. Information

The following information may be passed on in writing to faculty members/examination supervisors and will serve to ensure an optimal examination situation that takes into consideration any specific occurrences (mode of behaviour, information about disability/illness, remarks added by the applicant, etc.).

Text box

8. The following evidence is enclosed with this application (in German or English):

- HSG form concerning the assessment of the necessity of measures compensating for disadvantages
- Psychological test assessment (for instance in the case of specific developmental disorders, ADHS, etc.)
- Confirmation of compensation for disadvantages at previous educational institutions
- Other documents:

Text box

Text box

With your signature, you confirm that a personal meeting with the Special Needs Advice Centre and any doubtful points have been clarified, that you have taken cognisance of the provisions of the fact sheet on compensation for disadvantages and that you accept the terms and conditions governing an application as submitted within the stipulated timeframe. The University is at liberty to have your medical certificates and assessments checked by the independent medical examiner (Gesundheitszentrum santémed St.Gallen) and to obtain information from your treating physician and/or therapist. If need be, the University may call on you to consult the independent medical examiner. The independent medical examiner is also entitled to consult your treating physician and/or therapist. With your signature, you confirm a corresponding exemption from the obligation of confidentiality.

Place, date

Applicant's signature