

Application for reasonable adjustment for students on maternity leave and students with children or caring responsibilities (Section 9 Subs. (15) of the General Examination Regulations (APO)) for submission to the Board of Examiners

Applicant details					
Full name:					
Course of study:					
Degree:					
Address:					
Telephone number:		S	Student ID:		
E-mail address:					
	ow within the red	quired time or		omplete the coursework or therefore wish to apply for	
Title of coursework or examination Please see the guidel	Examiner's name	Examination date	Adjustment applied for	To be completed by the Board of Examiners: The following adjustment is granted	
		•	ents with my application		

I understand that I am not entitled to the specific adjustment applied for.

I also understand that the Board of Examiners may request further information regarding the adjustment and that failure to provide this may result in my application being rejected.

Date:_	Student's signature:	-				
Board	Board of Examiners' decision and notes					
	The adjustment specified in the note on page 1 (list of examinations) is granted.				
	The following adjustment is granted (incl. reason	s):				
	The application for adjustment is rejected. Reason	ons:				
Date	Chair of the Board of Examiners' signature					