

Application for disadvantage compensation in examinations

Study program

Student number

**Family name, first
name**

This disadvantage compensation application is for:

☐	Summer semester	20_____
☐	Winter semester	20_____

Reason for the application

Type of impairment:

The following supporting documents are attached to the application:

☐	Confirmatory documents/medical report(s)
☐	Consent form for data processing

Disadvantage compensation measure(s) applied for:

Please note that you can only apply for the accommodating measures listed in the attached (medical) confirmatory documents including the reasons for said measures.

Student number

I hereby apply for the following disadvantage compensation:

☐ Writing time extension by _____ %

☐ Special aids

☐ Special room requirements

☐ Alternative examination format(s)

☐ Other

Student number

The disadvantage compensation applies to the following examination(s):

Module no.

Module description

Important notes

By checking the boxes next to the following notices, I confirm that I have read and understood them:

- | | |
|--------------------------|---|
| ☐ | I am aware that only applications supported by current confirmatory documents can be considered. I have enclosed the confirmatory documents as evidence required for a decision on the application. I confirm and acknowledge that my declaration of consent to the processing of my personal data is an integral part of this form and is hereto attached. |
| ☐ | I am aware that the Examination Board reserves the right to request original copies of the above-mentioned documents. Please email your application, including confirmatory documents, to the Main Office of the Examination Board at: geschaefsstelle.PA@hshl.de |
| ☐ | If the application is approved, I agree that the persons responsible for conducting the examination (e.g., examiners, supervising proctors) will be informed about the disadvantage compensation measures granted in order to ensure that the procedure runs smoothly during the exams. |
| ☐ | For timely processing, the request must be submitted to the Examination Board early, but by the end of the registration period for the upcoming semester examinations at the latest. |

Date

Applicant's signature

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Please note that decisions on applications may take several weeks in some cases. If the disadvantage compensation is approved, you will receive an official notification.

Please email the signed application together with the confirmatory document(s) as evidence and description(s) of your disadvantage to the Examination Board:

geschaeftsstelle.PA@hshl.de

Visit our website to contact the Representative of Students with Disabilities or Chronic Diseases and arrange a personal consultation ⇒ [Studies and Disabilities](#)

You can find information about our service hours, etc. on our website ⇒ [Contact](#)

For further information, please refer to the “Disadvantage Compensation” information leaflet and the [“Studies and Disabilities”](#) manual on studies and disabilities published by the German National Association for Student Affairs (Deutsches Studierendenwerk, DSW).

Privacy policy according to Art. 13 GDPR and consent

Project/situation: Review and approval of disadvantage compensation

The data protection information is provided in conjunction with your application for disadvantage compensation.

1. Name and address of the Controller

The Controller within the meaning of the EU General Data Protection Regulation (GDPR) and other national data protection laws of the Member States, as well as other data protection provisions, is:

Hamm-Lippstadt University of Applied Sciences
Data Protection Officer
Marker Allee 76-78
59063 Hamm

Email: info@hshl.de

2. Name and address of the Data Protection Officer

The Data Protection Officer of the Controller is:

Ellen Kortenbach, Attorney-at-law
ppc Data GmbH
Dycker Feld 53
42653 Solingen

Email: dsb@hshl.de

3. Data processing in connection with the application for and approval for disadvantage compensation

a) Personal data concerned

Within the scope of the application and approval procedure for disadvantage compensation, we process the following data from you:

- (1) First name and last name
 - (2) Email address and phone number
 - (3) Student number and study program-related information
 - (4) Data concerning health required for review and approval
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b) Purposes of the data processing

Your personal data is processed for the purpose of reviewing and approving your application for disadvantage compensation. Additionally, the documentation and implementation of approved measures are processed for purposes within the university's internal administrative and auditing systems.

c) Legal basis for the processing of personal data

The legal basis for the processing of your above-mentioned personal data by Hamm-Lippstadt University of Applied Sciences is your consent according to Art. 6 (1) sentence 1 lit. a GDPR.

The processing of your personal data by Hamm-Lippstadt University of Applied Sciences (HSHL) is based on your voluntary consent according to Art. 6 (1) sentence 1 a) GDPR. Since special categories of personal data (data concerning health) may also be processed within the scope of the disadvantage compensation procedure, such processing shall also comply with Art. 9 (2 a) GDPR. This provision allows the processing of such sensitive data, provided that the data subject has expressly consented to it.

d) Recipients of your personal data

Your personal data will be passed on to the following recipients within and outside HSHL:

Recipients within HSHL:

- the president responsible for you,
- the members of the Examination Board,
- the relevant examination officers,
- the legal department staff,
- at your request, the Representative of Students with Disabilities or Chronic Diseases of your faculty or
as appropriate, the Representative of Students with Disabilities or Chronic Diseases at HSHL,
- as appropriate, the staff of other examination offices at the university.

Recipients outside HSHL:

- if applicable, the central Westphalian occupational medical service center "Werkarztzentrum Westfalen-Mitte e. V."

e) Duration of personal data storage

Your personal data shall be stored in compliance with the statutory retention periods for as long as is necessary for the purposes mentioned above. If you revoke your consent or the purpose of processing no longer applies, your data will be deleted in compliance with the data protection regulations.

4. Your rights as a data subject

You have the right to obtain information about your personal data processed by HSHL (Art. 15 GDPR), the right to rectification of your personal data (Art. 16 GDPR), the right to erasure (Art. 17 GDPR), the right to restriction of processing (Art. 18 GDPR), and the right to withdraw your consent (Art. 7 (3) GDPR).

You also have the right to object by filing a complaint with the supervisory authority. The competent supervisory authority is the State Commissioner for Data Protection and Freedom of Information North Rhine-Westphalia, P.O.B. 20 04 44, 40102 Düsseldorf, phone: +49 (0)211 38424-0, email: poststelle@ldi.nrw.de

Consent

Student number

Family name, first
name

Phone number

Email address

By giving your consent, you declare that HSHL may collect and process your personal data specified above under 3.a) for the purposes specified under 3.b).

Right of withdrawal

You have the right to withdraw your consent at any time without giving reasons with effect for the future. Said withdrawal shall not affect the lawfulness of processing based on consent before its withdrawal (Art. 7 (3) GDPR). As a result, any data processing based on this consent shall no longer be carried out in the future, and your personal data must be erased unless another legal basis for processing exists.

Any withdrawal must be made in writing. Please send your withdrawal to geschaefsstelle.PA@hshl.de.

I hereby voluntarily consent to the collection and processing of my personal data. I have been informed about the scope and purpose of data collection and data processing, as well as my right of withdrawal. I have received a copy of the privacy policy and the consent form.

Date

Applicant's signature