

Academic Affairs Office | School of Civil and Environmental Engineering

Form for certifying the inability to take examinations

For submission to the Examination Committee

Notes for the doctor:

If a student is unable to attend an examination on health grounds, or aborts or withdraws from an examination after it has started, they are obliged, under § 36 para. 10 of the Saxon Higher Education Act (SächsHSG), to provide a medical certificate confirming their inability to take the examination.

The inability to take an examination due to illness is characterized by a temporary health impairment of the student that significantly reduces their capabilities during the examination (Fischer, Jeremias, Dieterich, Prüfungsrecht, 8th edition, para. 249).

Students do <u>not</u> qualify for inability to take an examination as defined by law in the following cases:

- Exam stress and exam anxiety
- Mild colds (without fever)
- Ongoing health conditions (with or without fluctuating symptoms, such as depression, ADHD, metabolic disorders, high or low blood pressure, disabilities)
- Impairments that are not relevant to the specific type of examination

A certificate of incapacity to work is <u>not</u> sufficient to certify inability to take an exam.

The responsible Examination Committee decides whether the inability to take the exam will result in a withdrawal of the exam.

Please note: The doctor's note can also be issued in letter form as long as it contains the information requested below.

Information about the person being examined:	
Last name, First name	Date of birth
Address	

Information on the examined assessment(s) / preliminary academic work (to be completed by the student, if necessary)

pr	Name of the e		assessment / (/ final thesis /				
			colloquium:				
	Examination ty	pe accord	ling to module				
	·		written, etc.):				
	Module i	name (fro	m the module description):				
	Module numbe	er (from th	ne exam plan):				
Exa	mination seme	ster / exa	mination date:				
work a	ttached.	(numl	oer) additional e	examined asses	sment(s) /	preliminary ad	cademic
Docto	r's statement						
I examined the above-named patient today, on, at the time of					F		
/ prelin	•	c work, in	accordance wi	tient's inability t th the notes on			iation(s)
Expect	ed duration of t	the illness	s (date):				
from			to				
Additic	onal declaration	in case o	f inability to tak	e an examinatio	n after the	examination s	started:
	ld have been ponation (please ti			th impairment k	efore or d	uring the	
	Yes		No				
Place,	date, doctor's s	stamp	Doctor's signa	ature			