

Withdrawal from an Examination due to Incapacity to Participate

Notification for presentation to the Examination Board

Please submit this form to your Student Affairs Office.



Hochschule Düsseldorf
University of Applied Sciences

To be completed by the student:

Family name, first name: _____ Student ID no.: _____

Study programme: _____

Course title: _____

Date and time of examination: _____ Examiner: _____

I attempted the examination:
 Yes No

I fell ill on: _____

I hereby declare that I am withdrawing from the examination stated above due to illness.

Date, signature (student)

Information for students:

The student must obtain a medical certificate from a medical practitioner immediately. This generally means at the very latest on the day of the examination. The student must submit the medical certificate to the relevant Student Affairs Office at the latest on the third working day after the date of the respective examination. Irrespective of this, the student must explicitly declare withdrawal from an examination to the relevant Examination Board via the Student Affairs Office responsible as early as possible, in general prior to the start of the examination or at the onset of the illness.

For completion by the medical practitioner:

Information for the medical practitioner:

If a student fails to attend an examination for health reasons, leaves during the examination or withdraws after the end, the student must produce evidence of ill health to the Examination Board responsible. For this purpose, the student requires a medical certificate, which confirms the student's **incapacity to participate in the examination due to an acute, temporary, non-permanent and considerable impairment of the student's individual academic performance**. The incapacity to participate in an examination should not be equated with an incapacity for work. Please provide the following information:

Note: An informal medical certificate is also enough if it contains the following information.

1. The medical examination or diagnosis took place on (time and date): _____
2. At the time of the examination stated above Ms / Mr _____ was **unfit** to participate.

Yes No
3. Incapacity to participate in the examination likely until (date): _____

Place, date

Signature, stamp (medical practitioner)

Examination Board remarks:

Date, signature (Examination Board)

Filed: _____

Please note: Please complete the German form. This English translation is intended to allow English-speaking students a better understanding of the document. It is solely for information purposes and only the German version is legally binding.

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