Student Identification No.  7

Course of study

Last name, first name

Examination subject / examination number

Date of examination

Lecturer

Kind of withdrawal (must be indicated):

☐ The examination will not be / has not been assumed.

☐ The examination was discontinued due to illness.

The attached doctor’s certificate dated _____________ (date of issue, on the examination day at the latest) is being submitted by me in due time (within 7 days after the examination date) giving my reasons for not participating in the above-mentioned examination, and I therefore apply to disregard one examination attempt.

Minimum requirements for a doctor’s certificate:

☑ The inability to take the examination must be certified on the examination day at the latest. This means that you may possibly see a doctor or the medical emergency service on the examination day. Backdated doctor’s certificates will not be accepted.

☑ A doctor’s certificate will only be accepted, if the doctor certifies the inability to work or a certificate with phrases like „is not able to study” or „cannot attend the Fachhochschule/school“ does not fulfill the requirements. In addition, the certificate must include the date of issue, the signature of the doctor and the doctor’s seal.

☑ Requirements are stricter, if an examination has already been started and then discontinued. The certificate must include the indication that the indisposition occurred during the examination and was not foreseeable by you. If, after the examination was taken, a reduced performance caused by illness has been noticed, and it was not possible for you to perceive it earlier, stricter requirements apply to the doctor’s justification.

☑ The doctor’s certificate together with the form “Withdrawal with a doctor’s certificate” must be submitted to the Studienbüro within 7 days after the examination date. These documents must be dropped into the letter boxes of the Studienbüro, either at Sonnenstraße 96 in front of Room A023 or at Emil-Figge-Straße 38 in the entrance hall. The letter boxes will be emptied several times a day. It is also possible to forward them by mail; the date of receipt at the Studienbüro or of the notice of receipt of a post office (registered mail) are valid accordingly. Here is an example to explain the deadline: The day of the examination was on Monday, the last day for submitting the documents is on Monday of the following week.

☑ It is recommended to ask the doctor to use the form supplied by the Studienbüro (see next page). An informal certificate giving the necessary information may also be submitted. If you are not able to take the examination because of an acute illness of your child, do submit the certificate that the doctor usually issues for employers (Ärztliche Bescheinigung für den Bezug von Krankengeld bei Erkrankung des Kindes, Muster 21). This form certifies that the child must be taken care of because of an illness, and you confirm with your signature in the lower part of the form that no other person is able to assume this task. In case of impediments because of irrefutable events with respect to home care of a family member (§ 11 Absatz 2, RahmenPO) comparable regulations apply. On withdrawal within the maternity protection period the maternity card (Mutterpass) can instead be submitted.
Bescheinigung – Ärztliches Attest (Doctor’s certificate)
über die Prüfungsunfähigkeit zur Vorlage bei der Fachhochschule Dortmund
(on the inability to take the examination to be submitted to the Fachhochschule Dortmund)

Persönliche Angaben zur untersuchten Person: (The following person appeared for a medical checkup)

<table>
<thead>
<tr>
<th>Name, Vorname (Last name, first name)</th>
<th>Geburtsdatum (Date of birth)</th>
</tr>
</thead>
</table>

Erklärung der Ärztin/des Arztes: (Doctor’s statement)

Meine heutige Untersuchung zur Frage der Prüfungsunfähigkeit hat aus ärztlicher Sicht ergeben, dass eine erhebliche Beeinträchtigung* des Leistungsvermögens vorliegt.
(Today’s medical checkup concerning the inability to take an examination of Mr./Mrs. __________ results in my assessment that he/she has a considerable health impairment* and hence a reduced performance.)

und sie / er (she/he)

☐ am (on) __________________________

☐ vom (from) __________________________ bis einschließlich (through) __________________________

prüfungsunfähig ist/war (and is/was not able to take the examination).

1. ☐ Eine Ausstellung der Bescheinigung/des ärztlichen Attests konnte nicht am ersten Krankheitstag erfolgen.
(Issue of a doctor’s certificate could not be made on the first day of illness).

2. ☐ Die Erkrankung ist erst während der Prüfung am __________________________ (Prüfungsdatum) aufgetreten und war nicht vorhersehbar.
(The indisposition occurred during the examination on __________________________ (date of examination) and was not foreseeable.

Die Begründung (keine Diagnose; zwingend erforderlich zu Ziffer 1 oder 2) wird ärztlicherseits wie folgt dargelegt: (The medical justification (obligatorily required for paragraphs 1 or 2) is as follows:)

______________________________________________________________

______________________________________________________________

Datum und Unterschrift der Ärztin/des Arztes (Date und doctor’s signature)

Arztstempel (doctor’s seal)

*Schwankungen der Tagesform, Examensangst, Prüfungsstress u. ä. sind keine erheblichen Beeinträchtigungen.
(Variations of daily condition, test anxiety, examination stress etc. are no considerable health impairments).