Notes on Exam Withdrawal Due to Illness for
Master of Science Degree Candidates

Notes for the student:
If you are prevented from attending an exam due to illness and you would like to avoid receiving an exam grade of 5.0 (insufficient), you must immediately submit to the Board of Examiners a written request for approval of withdrawal and a medical certificate, which contains information on the symptoms of the disease and the resulting reduction in performance (§28, Section 2 of the exam regulations for the degree program Master of Science, M.Sc.O). Immediately means within three workdays after the exam has taken place.

Because the medical findings must relate to the state of health on the day of the test, a medical certificate can usually only be recognized if the doctor’s examination has taken place no later than the day of the actual test.

It is in your best interest to present the medical certificate in person. It is also possible to release the doctor from his or her confidentiality agreement and ask him/her to send the medical certificate. So-called incapacity certificates do not enable the Board of Examiners to assess the question of invalidity, which is why it is not possible to approve withdrawal in that case.

The inability to take the exam can only be determined if your performance is acutely and temporarily severely impaired due to your illness. Illnesses that cannot be healed within the foreseeable future (long-term illnesses) do not affect regular academic performance and, for that reason, cannot be applied in determining an inability to take the exam. For disabled or chronically ill students, the possibility of disability compensation under the conditions of § 14 M.Sc.O should be mentioned. Test anxiety does not justify exam withdrawal since these stress factors apply to every student and are a part of the typical exam procedure.

Notes for the medical doctor:
According to the Administrative Court’s jurisprudence, the matter of exam incapacitation is a legal issue that needs to be answered by the Board of Examiners based on the medical expert’s findings. Your medical professional’s determination is therefore the basis upon which the Board of Examiners makes its judgment whether exam incapacitation exists or not. Please describe in detail the symptoms of the disease and the impact on your performance so that the selection board will be able to make an assessment without any queries.

A specific diagnosis is not required. An indication may be appropriate in individual cases if the symptoms of the disease are described at the same time. Please only state the diagnosis if your patient explicitly agrees to it.
Application for Exam Withdrawal Approval Due to Illness
For Presentation to the Board of Examiners at the Faculty of Engineering
to be submitted to the Examination Office of the Faculty of Engineering

I. Student's Personal Details

Enrollment number Last name, First name

Date of birth e-mail address

II. Exam Candidate's Explanation

I hereby request approval for withdrawal from the following exam(s) due to my incapacity to take the exam based on temporary illness:

1. ................................................................. (date) ..........................................

2. ................................................................. (date) ..........................................

3. ................................................................. (date) ..........................................

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.................................................................................................

(date) (student’s signature)

III. Medical Certificate

The medical exam on ........................................... of Mr./Ms. ................................................................. has resulted in the following medical assessment.

Symptoms/Type of Incapacitation: .................................................................................................

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Illness duration (provide dates): from ........................................ to ............................................

There is a significant impairment to performance: □ yes □ no

The impairment is temporary and not long-term: □ yes □ no
Additional notes: ..................................................................................................................................

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(Date, Stamp from the doctor's office)  (doctor's signature)