



Please note that ONLY the German version of this document is legally binding and has to be filled out and signed. The English translation is provided to help you fill out the original German document.

⇒ does not apply to *Staatsexamen* examinations or examinations in degree programs run by the Ingolstadt School of Management

FORM FOR DEMONSTRATING INABILITY TO TAKE EXAMINATIONS (DOCTOR'S CERTIFICATE)

to be submitted to the board of examiners via the Examinations Office at the Catholic University of Eichstätt-Ingolstadt

Explanation for the doctor:

If a student does not attend an examination or is unable to complete an examination that he or she has already started due to illness, he or she is required to submit proof of the illness to the board of examiners and the Examinations Office. For this purpose, he or she requires a doctor's certificate [*ärztliches Attest*] that enables the board of examiners and the Examinations Office to answer the legal question of whether the student was unable to take examinations on the basis of information provided by a medical professional. Whether or not the proven health impairments justify the student not completing or withdrawing from the examination is a legal matter and the judgment is the responsibility of the examining bodies (board of examiners and Examinations Office), not the doctor. As it is not sufficient for you to simply state that the examinee is unable to take examinations in order for this judgment to be made, we kindly ask you to provide the details requested below. Due to their obligation to cooperate in examination procedures, students must disclose their symptoms in order for it to be determined whether they were unable to take examinations and must therefore release their doctor from his or her obligation to maintain confidentiality if necessary. This does not mean that the doctor must disclose the exact diagnosis; it is sufficient to provide details of the physical and/or psychological effects of the disease. The requirements described above were determined in consultation with the Bavarian data protection officer.

Please note: This document does not have to be used for the doctor's certificate; the certificate may be issued in another form providing that it contains the following points:

Personal details of the person being examined

Last name:	First name:
Date of birth:	Street, house number:
Postal code, town/city:	Degree program:

Declaration by the doctor

The results of the medical examination that I conducted today are as follows:

Symptoms/way in which performance is reduced:

(The current physical, mental, and/or emotional disorders that are caused by the illness and cause the student to be unable to take examinations must be described specifically and logically enough for the university to come to a conclusion on whether the student was genuinely unable to take examinations on the day of the examination; the circumstances preventing the student from participating in the examination must be clear from this description, e.g. the student requires bed rest or is unable to travel to the location of the examination without considerable discomfort and/or symptoms worsening.)

From a medical perspective, the student's performance is **seriously** affected.

yes

no

(Daily changes in fitness, examination nerves, examination stress, and similar do not seriously affect performance)

The health impairment is

permanent, i.e. will continue for the foreseeable future temporary

Expected duration of the illness:

from: _____

to: _____

Date, stamp, and doctor's signature



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DECLARATION OF WITHDRAWAL FROM EXAMINATIONS

- Please list all examinations affected by your withdrawal.
- In the case of illness, this form must be submitted to the Examinations Office with a doctor's certificate (*ärztliches Attest*; a template is available on the Examinations Office's website) immediately. You must also inform the examiner of your withdrawal.
- If you are withdrawing for a different valid reason, you must submit this form to the board of examiners or the Examinations Office immediately together with a written explanation of your reasons.

Degree program	
Last name, first name	
Student registration no.	
Telephone no./e-mail	
Reason for withdrawal	<input type="radio"/> Illness <input type="radio"/> Other valid reason (attach written explanation)

I hereby withdraw from the following examination(s).

Type of examination <small>(e.g. presentation, written/oral examination)</small>	
Examination date/period	
<u>Examination</u> module number	
Lecturer/examiner	

Type of examination <small>(e.g. presentation, written/oral examination)</small>	
Examination date/period	
<u>Examination</u> module number	
Lecturer/examiner	

Type of examination <small>(e.g. presentation, written/oral examination)</small>	
Examination date/period	
<u>Examination</u> module number	
Lecturer/examiner	

Type of examination <small>(e.g. presentation, written/ oral examination)</small>	
Examination date/period	
<u>Examination</u> module number	
Lecturer/examiner	

I have attached a doctor's certificate demonstrating the medical reasons why I am unable to take examinations/a description of a different valid reason for my withdrawal.

Place, date

Signature