



**University of Konstanz**  
**University Administration**  
**Department of Student Affairs**  
**and Teaching**  
**Central Examinations Office**  
Universitätsstraße 10  
78457 Konstanz  
Telephone: (07531) 88-0  
Telefax: (07531) 88-3593

### **Information Sheet**

## **Regarding Exam Withdrawal due to the Inability to Take an Examination and the Extension of the Processing Time for Final Assignments**

According to the examination regulations, an examination candidate can withdraw from an examination if, at the time of the examination, he/she is unable to take the examination. A prerequisite is that the **withdrawal is immediately declared** to the examination authorities **and** that the **reason for the withdrawal** is immediately given und **substantiated**.

An inability to take an examination, which justifies a withdrawal from the examination, is given, if the health of the examination candidate is temporarily impaired to such an extent that his/her performance during the examination would be considerably diminished.

The withdrawal (from an examination) must be expressly declared to the relevant examinations administration, e.g. standing examining board or the examinations office of the relevant department or to the University' s Central Examinations Office. The declaration can be given in writing, via e-mail or telephone and also by an authorised person. To solely send a medical certificate is insufficient. With the declaration of withdrawal, the relevant reasons are to be given and substantiated, without a specific request to do so.

If an examination candidate considers him-/herself to be possibly unable to take an examination, he/she must immediately clarify this by visiting a doctor and by punctually, **before the examination begins, declaring his/her withdrawal**. If the declaration of withdrawal and the notification of the reason for the withdrawal are not undertaken immediately, a fail grade for the examination or part of the examination is the regular consequence. Immediately means "without undue delay". **A belated assertion of the inability to take an examination, aside from in a few exceptional cases, is not possible**. This is particularly the case if a candidate waits to declare his/her inability to take an examination until the result of the examination has been announced.

**The burden of explanation and proof for the inability to take an examination lies entirely with the examination candidate**, i.e. he/she must, **in his/her own interests, disclose the particular circumstances of the impairment of his/her performance**. Otherwise, the examination authorities will not have access to the basis for determining the inability to take an examination. In order to substantiate an inability to take an examination, a medical certificate is regularly required, which enables the examination authorities to decide, on the basis of the doctor's details, as a medical expert, whether the inability to take an examination can be verified in the case in question. Only the examination authorities can establish this and not the doctor. Therefore the medical certificate must include details about the symptoms or about the kind of performance impairment.

In the student's own interest, it is recommended to personally deliver the medical certificate. However, it is also possible to release the doctor from his/her medical confidentiality und to request him/her to deliver the medical certificate.

The previous statements also apply correspondingly to an application for the extension of the processing time for examinations in the form of written assignments.

**Please note:** the particular regulations of individual degree courses are to be observed. For instance, in some degree courses of some departments, a medical certificate from a doctor named by the University is required. A list of the named doctors is posted in the relevant departments. With the filled in and signed form (online under:

<https://www.uni-konstanz.de/en/study/while-you-study/examinations/current-information-and-forms/>,

the declaration of withdrawal can be submitted to the relevant examining board or to the Central Examinations Office.

**Ärztliches Attest für Prüfungsverfahren zur Feststellung einer Prüfungsunfähigkeit  
und Rücktrittserklärung wegen Prüfungsunfähigkeit**  
*Medical Certificate for the Verification Procedure to Determine the Inability to  
Take an Examination and the Declaration of Withdrawal  
due to the Inability to Take an Examination*

**zur Vorlage bei der zuständigen Prüfungsbehörde - Ständiger Prüfungsausschuss  
des jeweiligen Fachbereichs oder Zentrales Prüfungsamt der Universität Konstanz -**  
*To be presented to the relevant examinations authority – standing examining board of the  
relevant department or the Central Examinations Office*

Zur Prüfung des Antrags sind die Angaben auf diesem Blatt erforderlich. Weitere Informationen  
zum Datenschutz, insbesondere bei der Erhebung, finden Sie auf dem Beiblatt.

*We need the details required in this sheet to process your request. You can find more information  
on data protection, particularly in terms of data collection, on the attached sheet.*

**I. Persönliche Angaben der untersuchten Person/ Personal Details of the Person Examined**

Name, Vorname: <i>Last Name, First Name:</i>	
Mat.-Nr.: <i>Matriculation No.:</i>	
Studiengang: <i>Degree Course:</i>	
Zustellungsadresse: <i>Delivery Address:</i>	

**Abzulegende Prüfung(en) während der Dauer der Prüfungsunfähigkeit:**  
*Examination(s) to be Taken During the Course of Inability to Take an Examination*

Gegenstand/Thema <i>Subject/Topic</i>	Datum/Date	Art der Prüfung <i>Type of Examination</i>	
1)		<input type="checkbox"/> schriftl. <i>written</i>	<input type="checkbox"/> mündl. <i>oral</i>
2)		<input type="checkbox"/> schriftl. <i>written</i>	<input type="checkbox"/> mündl. <i>oral</i>
3)		<input type="checkbox"/> schriftl. <i>written</i>	<input type="checkbox"/> mündl. <i>oral</i>

**II. Erklärung des Arztes/Declaration of the Doctor**

Meine heutige Untersuchung zur Frage einer Prüfungsunfähigkeit hat aus ärztlicher Sicht  
Folgendes ergeben:

*My examination of today, regarding the question of the inability to take an examination, has shown  
the following from a medical viewpoint:*

**Krankheitssymptome/Art der Leistungsbeeinträchtigung:**  
*Symptoms of Illness/Type of Performance Impairment:*


**Bezeichnung der Krankheit** (fakultativ, nur, wenn der Patient damit einverstanden ist oder  
allgemein bekannte Symptome beschrieben werden sollen, z.B. „grippaler Infekt“):

*Name of the illness (optional, only if the patient agrees to this or generally known symptoms are  
to be described, e.g. “the common cold”):*

--

**Voraussichtliche Dauer der Leistungsbeeinträchtigung:**  
**Estimated Duration of the Performance Impairment**

Von From		Bis To	
-------------	--	-----------	--

**Feststellungen:**

**Conclusion:**

Aus ärztlicher Sicht liegt eine erhebliche Beeinträchtigung des Leistungsvermögens vor.  ja  nein  
*From a medical viewpoint considerable impairment of performance ability is evident.      yes no*  
Die Gesundheitsstörung ist vorübergehend und nicht dauerhaft.  ja  nein  
*The health disorder is temporary and not permanent.      yes no*

**ggf. ergänzende Bemerkungen/additional remarks, if applicable:**

Datum/Date:

Praxisstempel/Practice Stamp

Unterschrift/Signature: .....

**III. Erklärung des Prüfungskandidaten / Declaration of the Examination Candidate:**

Hiermit erkläre ich meinen Rücktritt von der/den Prüfung(en) Nr. .... wegen Prüfungsunfähigkeit bzw. beantrage eine Verlängerung für die Bearbeitung meiner Abschlussarbeit wegen Prüfungsunfähigkeit.\*)  
*I hereby declare my withdrawal from the examination(s) no. .... due to the inability to take an examination resp. I apply for an extension of the processing time of my final thesis \*)*

Datum/Date:

Unterschrift/Signature: .....

**IV. Einwilligung des Prüfungskandidaten in Datenverarbeitung der Gesundheitsdaten**  
**Consent of the examination candidate to the processing of health data**

Ich willige ausdrücklich darin ein, dass die im ärztlichen Attest angegebenen Krankheitssymptome und optional die Bezeichnung der Krankheit zum Zwecke der Feststellung der Prüfungsunfähigkeit verarbeitet werden.  
*I explicitly agree that the symptoms stated in the medical certificate, and optionally the name of the illness, can be processed in order to determine my inability to take the examination.*

Datum/Date: ..... Unterschrift/Signature:.....

\*) Bitte Zutreffendes markieren / Please mark as appropriate

## **Hinweise für den Arzt:**

Bei einem krankheitsbedingten Rücktritt von einer Prüfung besteht ein Spannungsverhältnis zwischen der Chancengleichheit aller Prüflinge und der Privatsphäre des zurücktretenden Prüflings im Rahmen der ihm obliegenden Darlegungs- und Beweislast. Weiterhin spielt auch der Datenschutz bei Übermittlung des Rücktrittsgrundes eine Rolle.

Ihre ärztlichen Tatsachenfeststellungen sind die Grundlage für die Beurteilung der Prüfungsbehörde, ob Prüfungsunfähigkeit vorliegt oder nicht. Beschreiben Sie bitte die Symptome und die Auswirkungen auf die Leistungsfähigkeit so ausführlich, dass der Prüfungsbehörde eine Beurteilung ohne Rückfragen ermöglicht wird.

Die Angabe der Diagnose ist prinzipiell nicht erforderlich. Sie kann jedoch zweckmäßig sein, wenn damit umfassend die Symptome beschrieben werden. Bitte geben Sie die Diagnose aber nur an, wenn der Patient damit ausdrücklich einverstanden ist.

Händigen Sie das Attest dem Patienten aus. Bittet er Sie, das Attest selbst der Prüfungsbehörde zu übermitteln, lassen Sie sich von Ihrer Schweigepflicht entbinden und übermitteln Sie das ärztliche Attest der Prüfungsbehörde.

## **Notice for the Doctor:**

*In the case of a withdrawal from an examination due to illness, tension exists between equal opportunities for all examinees and the private sphere of the examinee, who is withdrawing and therefore incurs the burden of explanation and proof. Furthermore, data protection in communicating the reason for the withdrawal plays a role.*

*Your medical determination of the facts is the basis for the assessment by the examination authorities of whether the inability to take an examination can or cannot be verified. Please describe the symptoms and the effects on the performance ability in detail, in order to enable the examination authorities to make an assessment without further enquiry.*

*It is not principally necessary to state the diagnosis. This may however be appropriate if it provides a comprehensive description of the symptoms. Please only state the diagnosis if the patient expressly agrees to this.*

*Please hand the medical certificate to the patient. If he/she requests you to personally deliver the medical certificate to the examination authorities, please release yourself from medical confidentiality and deliver the medical certificate to the examination authorities.*

## Information as per Article 12 GDPR (General Data Protection Regulation) regarding the processing of personal data

### Legal responsibility for data protection:

University of Konstanz  
represented by its rector, Professor Katharina Holzinger  
Universitaetsstrasse 10  
78464 Konstanz, GERMANY  
Phone: +49 7531 88-0  
Email: [onlineredaktion@uni-konstanz.de](mailto:onlineredaktion@uni-konstanz.de)  
Website: [www.uni-konstanz.de/en](http://www.uni-konstanz.de/en)

### Data protection officer

Heinz-Joachim Sommer  
Datenschutz-Sommer  
Sommertalweg 1  
88709 Meersburg, GERMANY  
Email: [datenschutzbeauftragter@uni-konstanz.de](mailto:datenschutzbeauftragter@uni-konstanz.de)  
Website: <https://www.uni-konstanz.de/en/data-protection/>

### Reasons for data processing

- The Examination Office must determine the candidate's inability to take an examination.
- Documentation will be issued stating that the candidate has withdrawn from the examination, or that the period to complete a term paper/thesis/other exam has been extended.

### Legal basis

1. Personal details

Article 6 para. 1 lit. e in connection with Article 6 para. 3 of the EU's General Data Protection Regulation (GDPR) in connection with § 12 of the Landeshochschulgesetz LHG (state law on higher education)

2. Health data

Article 6 para. 1 lit. a in connection with Article 9 para. 2 lit. a of the GDPR (consent).

### Storage duration

1. Personal details

Up to 40 years after exmatriculation as per Hochschul-Datenschutzverordnung (university data protection regulation), this does not apply to the postal address

2. Health data and postal address

As a rule, data will be deleted two years after the examination certificate was handed out or the student was exmatriculated. Legal basis: Hochschul-Datenschutzverordnung (university data protection regulation).0

### Your rights

- In accordance with Article 15 GDPR, you have the right to request information from the University of Konstanz about any data it stores that is related to your person and/or to have incorrect data corrected as per Article 16 GDPR.
- You also have the right to demand that your data be deleted (Article 17 GDPR) or that the processing and use thereof be restricted (Article 18 GDPR), as well as to object to the processing and use of your data (Article 21 GDPR).
- Concerning health data: You have the right to withdraw your consent to the processing of data at any time, without affecting the lawfulness of processing since consent had been provided before its withdrawal (Article 13 GDPR).  
Withdrawing your consent might mean that you do not fulfil, or not to the full extent, your obligation to document your inability to take an examination due to health reasons as we can (no longer) collect, process and save your health data. If no recognizable convincing reason as defined in the study and examination regulations can be documented, the corresponding examination might be assessed as "not passed".
- To better understand and exercise your data protection rights, please contact our data protection officer by emailing [datenschutzbeauftragter@uni-konstanz.de](mailto:datenschutzbeauftragter@uni-konstanz.de).
- You also have the right to file a complaint with the regulating authority if you believe that the processing and use of your personal data is in violation of the law (Article. 77 GDPR). The responsible contact person at the regulating authority is the Landesbeauftragter für den Datenschutz und die Informationsfreiheit Baden-Württemberg (state commissioner for data protection and the freedom of information in Baden-Württemberg) (<https://www.baden-wuerttemberg.datenschutz.de>).