

## Request for De-registration from an Exam for Valid Reasons

|                        |                                                                                                                |                                             |
|------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Student ID number:     | Doctoral Program:<br>CDSB <input type="checkbox"/> CDSE <input type="checkbox"/> CDSS <input type="checkbox"/> |                                             |
| Last Name, First Name: |                                                                                                                |                                             |
| Reason for Withdrawal  | <input type="checkbox"/> Illness                                                                               | <input type="checkbox"/> Other valid reason |

- In case of **illness**, a **detailed medical certificate** including the student's symptoms must be attached to this application. To this end, the medical certificate form on the back can be filled in by the attending physician. The student is required to obtain the medical certificate on the day of the exam as the physician needs to be able to objectively assess the symptoms and how they might affect the student's performance. The application and medical certificate must be submitted to the Center Management (CDSB/CDSE/CDSS) **without delay**.
- In the event of other valid reasons (e.g. death of a close family member), this form together with a **written statement of reasons** and, where applicable, **supporting documentation**, must be submitted to the Center Management (CDSB/CDSE/CDSS) without delay.

**What does “without delay” mean?** Without delay means at the earliest possible opportunity and without culpable delay.

**I hereby request to be de-registered from the following exams:**

| Title of exam | Date of exam | Examiner |
|---------------|--------------|----------|
| 1.            |              |          |
| 2.            |              |          |
| 3.            |              |          |

.....  
**Date**

.....  
**Signature of student**

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Attach<br/>ment</b> | <input type="checkbox"/> In case of <b>illness</b> : a <b>detailed medical certificate</b> (medical certificate form or informal letter from the physician) including the student's symptoms. Please attach the medical certificate to this application form.<br><br><input type="checkbox"/> In case of <b>other valid reasons</b> : Written statement of reasons and, where applicable, supporting documentation. |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**To be completed by the Center Management (CDSB/CDSE/CDSS)**

Withdrawal from examination approved:      Yes ☐      No ☐

Recorded on: .....

Initials:.....

## **Medical Certificate Form - *Attestformular***

**- The Medical Certificate may be issued informally provided it contains the relevant**

**For submission to the Center Management (CDSB/CDSE/CDSS) of the Graduate School of  
Economic and Social Sciences, University of Mannheim**

### **Information for the Attending Physician**

Students need to prove that they are ill and unable to take an exam if they cannot take or complete an exam due to medical reasons. To this end, students need a detailed medical certificate indicating the symptoms and their possible impact on their performance in the exam that is supposed to be taken.

The medical certificate is not supposed to include the medical diagnosis, unless the diagnosis is so common that it serves as a description of the symptoms and their impact and is comprehensible for laypersons. Please only indicate the diagnosis if your patient has explicitly given consent.

Your assessment of the student's medical condition provides grounds for deciding whether or not the student is able to take the exam. Inability to take an exam is a legal concept and the decision on whether or not there are grounds to claim inability to take an exam lies with the administering authority, not with the physician.

### **I. Personal data of the patient**

**Last Name, First Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### **II. Details on medical condition**

The examination on .....(day) .....(month) **20**..... of the above-named patient gave the following results:

**Duration of medical condition** from .....(day) .....(month) **20**..... up to (presumably) and including .....(day) .....(month) **20**.....

#### **Symptoms (not diagnosis) and their impact on the student's performance in an exam:**

(Please describe the symptoms and their impact on the student's performance in detail and in a language accessible to lay-persons so the administering authority can make a decision without making further inquiries.)

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According to established case law, inability to take an exam due to a severe impairment of the ability to perform in an exam can only be claimed if the symptoms are not part of a psychogenic reaction to the examination process itself, such as test anxiety.

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**Seal of the practice / Signature of the physician**