

Via e-mail

To the
University of Oldenburg
Division 3 - Examinations Office

COVID 19 pandemic: participation in examinations Notification regarding risk group status

| | | |
|-----------------------|------------------------------------------------|-------------------|
| Last name, first name | Date of birth | Student ID number |
| Degree programme | First subject (for 2-subject study programmes) | |

I would like to notify you that I am at increased risk to suffer a severe COVID-19 disease course due to a health impairment.

I would like to report a pregnancy/breastfeeding period. This pregnancy/breastfeeding period has already been reported to Division 3:

Yes No

1. I request permission to take the following examinations by myself in a separate room.

| Module designation ¹ | Date of the exam | Duration (in min.) and time (from - to) | Last name, first name of examiner |
|---------------------------------|------------------|-----------------------------------------|-----------------------------------|
| | | | |
| | | | |
| | | | |

2. I apply another examination form for the following registered examinations in accordance with § 11 BPO or § 11 MPO (M. Ed.)²

| Module designation ¹ | Type of examination | Last name, first name of examiner |
|------------------------------------------|---------------------|-----------------------------------|
| | | |
| | | |
| Adjustment desired + form of examination | | |



Important notes

- This notification should be made at least 3 weeks before the examination starts in order to allow for processing.
- Paperless procedure due to COVID-19 pandemic by communication via the e-mail address assigned by the UOL; signatures or printouts are not required.
- The risk group status must be substantiated with meaningful evidence. Please send the notification and the evidence to pruefungsamt.dez3@uol.de. Make sure that the quality of the evidence is impeccable.
- Pregnant/nursing students are not required to submit proof if the pregnancy/breastfeeding period has already been reported to Division 3. Important: By sending this notification you are waiving the maternity protection period (in general 6 weeks before and 8 weeks after birth).
- The data you provide will be treated confidentially.
- If you do not notify us, you take part in the examination at your own risk.

Place, Date

Last name, first name of student

¹ Short name according to examination regulations/subject-specific annex (e.g. biw040)

² The legal standard may differ in Master of Education programme