



APPLICATION TO CONDUCT AN EXAMINATION WITH PHYSICAL PRESENCE

Please send the application by email to the Vice-Rector for Student Affairs and Teaching, Prof. Dr Anja Senz, dezernat2@zuv.uni-heidelberg.de

Faculty/institute: _____

Contact partner: _____

Telephone: _____

Email: _____

Pursuant to §2(1) 1st sentence Corona Ordinance on Degree-related Operations, degree-related operations on campus at the universities are fundamentally suspended. According to §2(1) 2nd sentence Corona Ordinance on Degree-related Operations, only the Rectorate can give permission for exceptions to this rule.

I herewith apply to conduct the following examinations with physical presence:

Degree course: _____

Name of examination: written exam paper oral exam
 other, please describe in detail: _____

Number of participants: _____

Place of examination: _____

Date and time of examination: _____

In the case of several examination dates, an overview is appended.

Responsible for the examination and collection of contact details:
(for the necessary tracing of infection and / or queries about the hygiene protocol)

Name: _____ Tel. (office): _____

Most probable type of data collection: electronic analog

The following preconditions for permission to conduct the examination with physical presence under §2 (1) Corona Ordinance on Degree-related Operations are fulfilled:

The examination is absolutely necessary at this point in time to guarantee successful academic progress. Short statement of reasons:

- The examination must be conducted with physical presence and cannot be replaced by the use of electronic information and communication technologies or other methods of distance learning. Short statement of reasons:

- The examination will be conducted according to the relevant hygiene protocol; a risk assessment is available.

Participating in the Coronavirus Test

- A voluntary testing of the participants is desired for the above-mentioned examination.

Size of the examination: _____

(max. number of participants = test kits needed)

In the event of several dates for the examination, please give the number of test kits needed per calendar week. (e.g. CW 5 = 100; CW 6 = 100)

Teaching language: German English

Person responsible for the testing

Name: _____ Tel. (mobile): _____

Email: _____

Person responsible for picking up the test kits

Name: _____ Tel. (mobile): _____

Email: _____

Date of picking up, as appropriate: _____

(Monday to Friday; approx. one week before the examination)

Place, date

Signature of applicant