

# Request for disadvantage compensation

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The information you provide will be treated with the strictest confidence.

Before completing this form, please consult The concept of «barrier-free» accessibility – studying with a bodily function impairment:  
[hslu.ch/en/lucerne-university-of-applied-sciences-and-arts/campus/advice/barrier-free-studies](https://hslu.ch/en/lucerne-university-of-applied-sciences-and-arts/campus/advice/barrier-free-studies)

If you need assistance when preparing your application, you may request it from the Contact Point for Barrier-free Studying: [barrierefrei@hslu.ch](mailto:barrierefrei@hslu.ch)

## Application period for disadvantage compensation for assignments and exams

Students requiring disadvantage compensation for assignments or exams are advised to apply early to ensure the timely implementation of measures. Please file your request for disadvantage compensation with your head of programme as early as possible.

The following application period applies for disadvantage compensation requests: to ensure timely provision of disadvantage compensation for assignments and exams, applications must be filed within the first third of the modules in question.

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## Personal information

Ms  Mr  Neutral form of address

Last name

First name

Email

Telephone

## Details of programme

Department

Engineering and Architecture  Business  Computer Science and Information Technology  
 Social Work  Art and Design  Music

Type of programme

Bachelor's  Master's  CAS/DAS/MAS  Specialised course  Conference  Other

Course title

Head of programme

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## Details of impairment

### Medical diagnoses

### Expert opinions

### Supplementary descriptions

I am currently receiving an allowance (disability insurance DI, general insurance)  yes  no

The course is part of an occupational integration measure  yes  no

I have previously been a recipient of disadvantage compensation  yes  no

Upon request, I am prepared to release the diagnosing specialists from their duty of confidentiality vis-à-vis the head of programme  yes  no

Upon request, I am prepared to release the diagnosing specialists from their duty of confidentiality vis-à-vis the «barrier-free» contact point  yes  no

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### Expected impact on studies

Please describe the activities and situations in which you expect to encounter difficulties during your studies.

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### Application for supporting measures provided by the university

Please indicate as specifically as possible the forms of disadvantage compensation you require.

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### Enclosures

Please enclose detailed medical reports or expert opinions. Disadvantage compensation can only be granted on the basis of these documents. Please submit this form and the enclosures required to your head of programme in paper form or via email.

Date

Signature

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## Decision of the competent head of programme

In the event of a rejection, you may obtain a second expert's opinion from the Contact Point for Barrier-free Studying and, if necessary, submit an application for reconsideration: [barrierefrei@hslu.ch](mailto:barrierefrei@hslu.ch)

The prerequisites for disadvantage compensation have been met  yes  no

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## Implementation of the disadvantage compensation

The following compensatory measures have been granted and guaranteed:

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The head of programme is responsible for organising the implementation of the measures granted.  
The applicant may seek support from the Contact Point for Barrier-free Studying if they perceive the implementation to be inadequate.

Date

Signature