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## Einverständniserklärung für mündliche Prüfungen per Videokonferenz / Englisch

Due to the coronavirus pandemic, oral examinations in a face-to-face setting are subject to strict hygiene requirements and carry health risks for all those involved. We therefore offer you an alternative to the on-premises exams by means of video conferencing. For these, we need your consent. If you do not agree to this form of assessment, you will need to sit an exam in a physical exam venue at the university.

According to the first sentence of §3(3) of the University of Passau's ,Corona regulation' (CoSa), which specifies the rules of derogation from the study and examination regulations as well as the doctoral and post-doctoral regulations in response to the limitations imposed on the conduct of teaching and examinations by the measures to stop the spread of the co-ronavirus SARS-CoV-2, consent from all those involved, including yourself, is required for such a format. Your consent according to Article 6 of the General Data Protection Regulation (GDPR) is required as well.

We use a video conferencing tool for the examination (ZOOM, for example). Where technically feasible, access is limited to the persons authorised to sit the examination.

You must appear live on screen during the examination. No virtual background may be used. Rather, the examiner must be able to view your immediate surroundings so that it is clear that no unauthorised aids are being used. In the event of technical difficulties which are merely temporary, your examination time will be extended accordingly. In the event of persistent issues or a breakdown, the examination will have to be rescheduled (third and fourth sentence of §3[3] CoSa).

I hereby agree

and give my consent in accordance

with Article 6(1)(a) of the GDPR to having the oral examination in the module/subject of the study course

administered in the format described above; you will

find the information required according to <u>Article 13 of the GDPR</u> at and in the annex to this declaration.

Place, Date

Signature