

Application for approved leave from studies

Applicants personal information (* = mandatory)

*The form is sent to
Högskolan i Skövde, Student Affairs Office,
Box 408, 54128 Skövde or left to
Student Affairs Office, level 2, Hall E*

Personal ID-no* (yymmdd-xxxx)	Date of application		
Given name*		Sur name*	
Address*			Postal code and City*
E-mail			Telephone-/mobile number

Approved leave from

Programme
<input type="checkbox"/> Leave from studies of studies from (date) _____ to (date) _____
Reason for approved leave of one's studies can be social, medical or other specific ones as taking care of one's child, military or civil service or sabbatical posts in the Student Union (HF 7 chapter, 33 §). An approved leave of studies is granted for a certain period of time, the maximum period is two semesters.
More information on page 2

I am unable to continue my studies due to:

- Military service
- Illness
- Birth of a child
- Other

Give a description of your reasons on the back of this form and enclose copies of the documents for verification.

I hereby confirm that I have submitted a complete application

- I have given a reason
- I have enclosed a certificate proving my reasons

University notes/Högskolans anteckningar

<p>Decision/Beslut</p> <p><input type="checkbox"/> Approved leave from studies is granted in accordance with application/Studieuppehåll enligt ansökan beviljas</p> <p><input type="checkbox"/> Approved leave of studies in accordance with application is not granted./Studieuppehåll enligt ansökan beviljas inte.</p> <p>How to appeal, se page 2/Hur beslutet överklagas finns på baksidan.</p>	Comments/kommentarer:
Date of decision	Decision made by

