



Application for deferment of studies

Applicants personal information (* = mandatory)

Send form by email to
antagning@his.se

Civic Reg. No. * (yymmdd-xxxx)	
Given name *	Surname *
Address *	Postal code/City *
E-mail	Telephone-/cellphone

Deferment concern

Programme/course
<input type="checkbox"/> I apply for deferment of studies from the semester (date) _____ <input type="checkbox"/> I want to resume my studies starting the semester (date) _____ (Note! 18 months max.)
Reasons for deferment studies can be social, medical or other specific ones as taking care of one's child, military or civil service, a Student Union commission or postponement of educational leave (HSVFS 1991:1).

I am unable to commence my studies owing to:

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

Describe in detail your reasons for deferral.

Relevant certificates supporting your request must be enclosed.

Signature of applicant

Date *	Signature of applicant <i>Signature is not required when sent in by email.</i>
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University Notes

Decision <input type="checkbox"/> Deferment is granted/Anstånd enligt ansökan beviljas <input type="checkbox"/> Deferment is not granted/Anstånd enligt ansökan beviljas inte How to appeal: se back of this document/Hur man överklagar: se baksidan av denna blankett	Comments	
Date	Signature	Clarification of signature

Reasons for deferment

Reasons for the deferment of studies. Relevant **certificates** supporting the request are to be enclosed.

Decision

We will notify our decision by email.

Appeal

You may appeal this decision to the Higher Education Appeals Board. The appeal must be in written form. In the appeal you should state the decision that you want to appeal, how you want it to be changed and your reasons for this. The appeal should be addressed to the Higher Education Appeals Board, but sent to the University of Skövde, Box 408, 541 28 Skövde. The appeal must be submitted to the University of Skövde within three weeks after you received the decision.