



## Application for approved leave from studies

### Applicants personal information (\* = mandatory)

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

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

### 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.
<b>More information on page 2</b>

I am unable to continue my studies due to:

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

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

### Applicant's signature

Date*	Signature of the applicant*
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### University notes/Högskolans anteckningar

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

