



Application for deferment of studies

Applicants personal information (* = mandatory)

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

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 *
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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

