

## **Application for leave**

According to Executive Order on access to academic and professional education and bachelor's degree

Name:			Student Number:	
Education:				
Leave from date: Until date:				
I apply for leave be Conscription (no SU entitlen				Tick X:
Include draft cards				1.0
Special conditions (not SU-eligible)				Tick X:
•	ttach relevant documentation			11011211
Maternity / adoption Expected date of delivery:			Tick X:	
Please include medical maternity journal / birth certificate /			,	11311211
adoption documentation				
Remember to apply for SU-bi	rth support - alternatively de-			
select your regular monthly grants if you do not want SU,				
while on maternity leave.				
Illness leave from the study: I the form "Documentation for il support. Preferred subjects after leav	lness". On illness leave from yo			
If granted rehabilitation ben	efits → please state municipa	ality:		
Date:	Student signature:			

Reason for leave du	e to other special conditions:
To be filled i	n by the Study office:
Class after leave:	
Subject placement a	after leave: (only for teacher students):
Registered in new cl	ass /with new subjects in SIS after leave per date:
Date:	Case handled by:
Date:	Information to the student given by:
Date:	Message to the municipality regarding rehabilitation given by:

