Application for a leave of absence

for the

Hochschule
Flensburg
University of
Applied Sciences

Student ID no.: _____

Degree programme: _____

Last name, first name: _____

Street name and number: _____
(Please remember to keep your address up-to-date in the HIS system, too.)

ZIP code, city: _____

Phone number in case of questions: _____
(mobile number if possible)

Reason for the leave of absence (Please tick the <u>one number</u> that applies.)

Illness*	1	Federal volunteers service	5
Preparing for an examination	2	Employment subject to social security contrib.	6
Internship (voluntary)	3	Maternity/parental leave **	7
Semester abroad (for studies or other reasons)	4	Other reasons	9

* In case of an illness a doctor's note or similar evidence has to be provided.

** In case of deadlines that have to be kept due to maternity leave or in case of parental leave suitable evidence has to be provided.

<u>Please note:</u>

In accordance with § 40 para. 6 of the Higher Education Act no coursework or assessment may be completed during a leave of absence.

This does not apply to completing coursework or assessment during a leave of absence due to maternity or parental leave (in accordance with §15 of the Bundeselterngeld- und Elternzeitgesetz [German legislation on parental allowances and parental leave]. A separate application has to be filed in this case, however.

Assessment and exams which have been graded as FAIL may be re-taken upon request during a leave of absence; this applies to all students in accordance with §40 para. 6 of the Higher Education Act.

_____   _____
Place, date   Signature
                                     (Applications lacking a signature are not valid.)

Please note, that you do not qualify for BAföG funding during a leave of absence.

To be filled in by FUAS.

Prüfungsmanagement i.O: _____STU:_____bearbeitet von: _____