

Surname, first name _____
Student ID _____
Study programme _____
Current study semester _____

Request for a: new leave of absence extension of an existing leave of absence
beginning on _____ ending on _____

Reasons for requesting this leave:

- Illness or other medical condition
- Care for partner or relatives (1st degree)
- Pregnancy or maternity/paternity (within 3 months of birth/adoption)
- Parenthood (child below the age of 3)
- Military or compulsory civil service
- Other, please explain below or in a separate document

**Additional
explanations**

**Attached
documents**

I certify that the information provided on this form is true and accurate.

Date and Signature _____

To be used by the Programme Director only:

Denied Approved For the period: _____

Date and Signature _____

A copy of the signed form must be forwarded to the Admissions Office of the SEVE.