



In order to receive a reply, please fill-in your address  
Mr./Mrs.

.....  
First Name(s), Surname

.....  
Delivery instructions (e.g. c/o Schmidt)

.....  
Road, House No.

.....  
Postal Code, Town

# Leave of Absence Request Form

for the Summer Semester \_\_\_\_\_

for the Winter Semester \_\_\_\_/\_\_\_\_

**Important!**

The request must usually be handed in within the deadline Period. (for more information, please see information sheet)

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▽ Student ID Number

Surname, First Name(s): \_\_\_\_\_ (Must be indicated!)

I request a leave of absence for the semester stated above, due to the following reason:

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Illness                    | 4 <input type="checkbox"/> Study-related period of residence abroad |
| 2 <input type="checkbox"/> Internship                 | 6 <input type="checkbox"/> Military or civil service                |
| 3 <input type="checkbox"/> Period of residence abroad | 7 <input type="checkbox"/> voluntary work                           |
| 3 <input type="checkbox"/> Pregnancy/parental leave   | 9 <input type="checkbox"/> other                                    |

As proof, I provide: \_\_\_\_\_

Greifswald, on the \_\_\_\_\_  
Signature of the Student

**Application form Central Examination Office** (to be obtained from the student)

(Only necessary if you apply for a leave of absence in the current semester, so for a summer semester after the 1st of April or for a winter semester after the 1st of October, and your course of study is supervised by the Central Examination Office)

Leave of absence yes  / no  \_\_\_\_\_  
Date Signature

Justification: \_\_\_\_\_

**Application note Deanery Medicine/Study consultant Pharmacy** (to be obtained from the student)

(Only for students of the degree programs in medicine, dentistry and pharmacy with state exams and if you apply for the leave of absence in the current semester, ie for a summer semester after 01.04 or for a winter semester after 01.10)

Leave of absence yes  / no  \_\_\_\_\_  
Date Signature

Justification: \_\_\_\_\_

University of Greifswald  
The Rector - Students' Registration Office  
The Request is agreed to: yes  / no

Reason for refusal: \_\_\_\_\_

By order \_\_\_\_\_ (Date/Signature)

Rights of Legal Appeal: You can file an appeal against this decision within one month after receiving notice. The appeal is to be addressed to the Rector of the University of Greifswald and to be sent in writing to or for recording at the Student and International Affairs Division (Rubenowstr. 2, 17489 Greifswald)