

Date of arrival	Document number

Department of Sociology

## **Send application to:**

Department of Sociology, Registrator, Lund University, Box 114, 221 Lund You can also send the application to <a href="mailto:info@soc.lu.se">info@soc.lu.se</a>. Please make sure that the signed copy is of good quality, i.e. legible.

## Application for leave from studies with guaranteed admission to continue programme studies

Name (first and last)	Personal identity number	
treet address, postcode and city		
-mail address	Phone	
am admitted to (programme)		
nd currently I am studying autumn semester (year)	/spring semester (year)	on_
rogramme semester (no.)		
I hereby apply for leave from studies during at	utumn (year)/ spring (year) _	
I hereby apply for leave from studies during the	e following semesters	
NB! Max. one year! (Example: autumn [year] + spring		
For a longer leave from studies, a new application m	ust be handed in.	
you wish to continue your studies within the program		ashla tar t
gramme wen in advance, at the latest 13 April (101	autumn semester) or 15 October (for spring	
gramme wen in advance, at the latest 13 April (101	autumn semester) or 15 October (for spring	
gramme wen in advance, at the latest 13 April (101	autumn semester) or 15 October (for spring	
	autumn semester) or <b>15 October</b> (for spring cant's signature	
Date Appl		
Date Appl  To be filled in by the department:		
Date Appl  To be filled in by the department:	icant's signature	
Date Appl  To be filled in by the department:	icant's signature	
Date Appl  To be filled in by the department:  DECISION: The application for leave from studies is	icant's signature	
Date  Appl  To be filled in by the department:  DECISION: The application for leave from studies is  Signature, administrator	icant's signature  approved denied  Signature, decision maker	