**LEAVE OF ABSENCE**

*Please refer to the Academic Regulations and Implementation Guidelines of the Master and PhD programmes.*

Study programmes:

MADIS Choose an item. [ ]  MIA [ ]  MDEV

PhD Choose an item.

Last name, First name(s): Click here to enter text.

File number: Click here to enter text. Date of the request : Click here to enter text.

Nationality : Click here to enter text. Date of birth : Click here to enter text.

Address : Click here to enter text. Telephone : Click here to enter text.

**Requests a Leave of Absence for the following semester(s)**

**(maximum 2 semesters : page 6 of the implementation guidelines) :**

 Autumn semester [ ]  Spring semester [ ]

**Motif :** Please check the appropriate option from the following :

[ ]  Professional (work attestation)

[ ]  Medical (medical certificate)

[ ]  Maternity leave (medical certificate)

[ ]  Other reason (please specify) Click here to enter text.

**ATTENTION**

Students on leave are not authorised to attend classes or to defend during the semester.

The student on a leave of absence is required to pay a semestrial fee of CHF 50.—

At the end of the leave the student will automatically be re-enrolled.

**Administration use only**

Decision : Accepted  [ ]  Refused [ ]

Signature of the Direction of Studies: ……...……………………………………………………………………

Date :……………………………………………………………………………………………………………….