



Hochschule Düsseldorf
University of Applied Sciences

Application for Leave of Absence

To
Student Support
Münsterstr. 156
Building 2, floor 1
40476 Düsseldorf

Family name: _____

First name: _____

Student ID no.: _____

Study programme: _____

I request leave of absence for the winter / summer semester 20_____ due to:

- medical grounds** (doctor's certificate confirming that you are unable to study)
- pregnancy** (copy of your maternity notes)
- child raising**
(for a child up until its 8th birthday which is raised jointly by both parents in the same household, documented by the child's birth certificate and certificates of registration from the *Einwohnermeldeamt* (residents registration office) for the applicant and the child)
- completion of voluntary service**
(please produce a corresponding certificate)
- internship** (certificate from the Examination Board)
- care and support of relatives** (evidence of care activities)

You must submit corresponding evidence of the reason for leave of absence together with this application.

Düsseldorf, date: _____ Signature (student): _____

Leave of absence approved on: _____ Signature (administrator): _____

Please note: Please complete the German form. This English translation is intended to allow English-speaking students a better understanding of the document. It is solely for information purposes and only the German version is legally binding.