## PROLONGATION OF APPROVED LEAVE FROM STUDIES / RESUMPTION OF STUDIES

Please send the form to the responsible programme officer Please write clearly.

Name:						
Swedish personal ID:	Phone:		-			
Address:						
Postal code:	City/ town:					
Enrolled in programme since:		Sp	oring/aut	tumn te	rm 20	
I wish to prolong my approved l	eave of studies from _	/	20	to	/	_
I wish to resume my studies wit there are places left.	h the course:					if
If you plan to resume your studies						
Spring term Please send in thi the previous term.	s form to the Director o	of studie	es at the	e latest	on Oct	15 of
Autumn term Please send in th of the previous term.	nis form to the Director	of stud	lies at th	ne lates	t on Apr	<sup>-</sup> 15
City/ town and date	Signature of	the stu	dent			
Decision						

If you disagree with the decision on approved leave from studies/ resumption of studies, you have the right to appeal to the Higher Education Appeals Board (Swedish: Överklagandenämnden för Högskolan, ÖNH. An appeal has to be in writing and be directed to the Higher Education Appeals Board . The letter must state which decision the individual is appealing against and which change is desired. The letter must be directed to the department of Mid Sweden University that made the decision and it must reach Mid Sweden University within three weeks of the date that the individual received notification of the decision.

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