



## REQUEST FOR APPROVED LEAVE FROM STUDIES/NON-COMPLETION

Fill in the form legibly and submit to the secretary of the programme.

Name: \_\_\_\_\_

Civic registration number: \_\_\_\_\_ - \_\_\_\_\_ Phone no: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ City/Town: \_\_\_\_\_

Programme/course/higher education credits: \_\_\_\_\_

Spring term/Autumn term 20 \_\_\_\_\_

Enrolled in programme/course: \_\_\_\_\_

I wish to interrupt my studies from \_\_\_/\_\_\_20\_\_\_ (last day of participation)

I wish to leave my studies from \_\_\_/\_\_\_20\_\_\_ (last day of participation)

I wish to resume my studies in the programme/course \_\_\_\_\_  
for the Spring term/Autumn term 20\_\_\_\_\_ provided there is a vacant place.

Send this application to your department. Last application date for **Spring term** studies is **October 15**. Last application date for **Autumn term** studies is **April 15**.

Reason for this approved leave/non-completion of study: \_\_\_\_\_

<p>_____</p> <p>Place and date</p>	<p>_____</p> <p>Signature of student</p>
<p>Decision: _____</p>	
<p>_____</p> <p>Place and date</p>	<p>_____</p> <p>Director of studies</p>

If you are dissatisfied with the decision of your request for approved leave/non-completion of study you have the right to appeal against the decision Överklagandenämnden (The Higher Education Appeals Board). If you want to appeal you have to do so in writing. This letter must state which decision you are appealing against and how, in your opinion, it should be changed. The letter is to be sent to the department at Mid Sweden University that made the decision, within three weeks from when the decision was made.