



APPLICATION FOR LEAVE OF ABSENCE

Diarie registration no: _____

Date for submitting application: _____

LUNDS UNIVERSITET
Samhällsvetenskapliga fakulteten

Department of Strategic Communication

Name	Personal Number
Street address	Phone/Mobile no
Postal code, city	Email address

Registered to Programme:

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Admitted year: 20..... Application for the following semester: Autumn 20 Spring 20

Reason:

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Place and date	Signature
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Application:	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>
Decision by:	_____	
Programme Director	Date	_____

Registered in Ladok _____ Sign _____ Notified student: _____