ID: DSL-002 Stand: 05/2017

Dezernat Studium und Lehre

Besucheranschrift: Campus.Office, Geschwister-Scholl-Straße 15, 99423 Weimar

For the O winter semeste	r Summer semester	20 /
Surname, First name		
Registration number	E-mail	
Address		
Reason for leave of absence		
Maternity and parental le	ave (Enclosed: child's birth certificat	e)
Illness (Enclosed: medical		
	firmation by respective company)	
Presentation of thesis	, , , , , , , , , , , , , , , , , , , ,	
Submission date of writte	n thesis	
	Signature	
		he Faculty
O Part-time study abroad		
stay from	to	
Country		
study	internship Oother	
Erasmus	O other programme	free mover
Other reason		
Other reason		
O I need the Bahnticket and	pay the full semester contribution	
leave of absence. This does not apply study programme abroad. Examination permitted. Certain publicly-funded al	es) for academic recognition during a to academic work completed during a n re-takes and thesis presentations are owances (e.g. children's benefits, BAföG)	Please inquire at the respective authorities about possible consequences of aking a leave of absence. Please note that exemption from payment of the semester contribution will result in the loss of insurance cover and all other services provided by the Studierendenwerk Thüringen, including the local and DB railway tickets.
Date	Signature	
	of p	etitioner
Approved by the Office of S	tudent and Academic Affairs	