*By mail to the address listed below or*

*by fax to: +43(0)2732/893-4280*

*by email to: beurlaubungen@donau-uni.ac.at*

To the

Director of Studies

Univ.-Prof. DDr. Thomas Ratka, LL.M.

Vice-Rector for Academic Teaching / Scientific Continuing Education

c/o Service Center for Students

Dr. Karl Dorrek-Straße 30

3500 Krems

**Application for leave of absence** (§13 Part II Statutes of the University for Continuing Education Krems)

**Personal Details**

Matriculation number       Academic Degree(s)

Surame       First name

Date of birth

#### Students can apply for a leave of absence for one or more semesters for the reasons stated below.

**Details concerning the leave of absence** (please tick as appropriate and add)

[ ]  Winter semester 20   [ ]  Summer semester 20

**Reasons for the application (please attach proofs)**

# [ ]  Caring for one’s children (Proof: copy of birth certificate and residential registration form)/

# Pregnancy (Proof: doctor’s notice or copy of mother-child-pass)

[ ]  Duties of care for relatives or another person close to me (Proof: doctor’s notice or confirmation by the mobile care facility)

[ ]  Longer lasting illness, which is proven to hinder the progress of the study (Proof: doctor’s notice)

 [ ]  Voluntary social year, Military or civil service, volunteer work, (Proof: confirmation by the agency, copy by the

 military command, the civil service agency)

[ ]  Professional incompatibility (verifiable reason why studies at this point in time are not compatible with the job for one or two semesters as until now):

[ ]  Other important reason (state verifiable reason):

**Note:**

The application for leave of absence must be submitted by the beginning of the respective semester from which the leave of absence shall apply (winter semester: October 01, summer semester: March 01). Your admission to studies remains effective in semesters when you are on leave of absence. You are, however, not permitted to attend lectures, take examinations or hand in papers and having them assessed.

Please note that this leave of absence is only valid at Danube University Krems.

**Applicant’s signature**

With my signature, I confirm that the information given is correct. Danube University Krems reserves the right to request further documents.

Date       Signature