

Students' Registration Office, Rubenowstraße 2, 17489 Greifswald

In ordert o receive a reply, please fill-in your adress Mr./Mrs.	Leave of Absence
First Name(s), Surname	Request Form
Delivery instructions (e.g. c/o Schmidt)	for the Summer Semester
Road, House No.	for the Winter Semester/
Postal Code, Town	Important! The request must usually be handed in within the deadline Period. (for more information, please see information sheet
	abla Student ID Number
Surnama First Nama(s):	(Must be indicated!)
I request a leave of absence for the semester s	
• Illness 1	7 3 3 7 7
- internettip	• rregnancy/parental leave
Period of residence abroad 4	• other 9
As proof, I provide:	
Greifswald, on the	
	Signature of the Student
Application form Central Examination Office (Only necessary if you apply for a leave of absence in the semester after the 1st of October, and your course of semesters.)	he current semester, so for a summer semester after the 1st of April or for a winter
Leave of absence Yes ☐ / no ☐	
zeare of absence	Date Signature
Justification:	
• • • • • • • • • • • • • • • • • • • •	consultant Pharmacy (to be obtained from the student), dentistry and pharmacy with state exams and if you apply for the leave of absence in 01.04 or for a winter semester after 01.10)
Leave of absence yes \square / no \square	
Justification:	Date Signature
University of Greifswald	
The Rector - Students' Registration Office	
The Request is agreed to:	yes \square / no \square
Reason for refusal:	
By order	(Date/Signature)
Rights of Legal Appeal: You can file an appeal against this de-	cision within one month after receiving notice. The appeal is to be addressed to the Rector of the

Rights of Legal Appeal: You can file an appeal against this decision within one month after receiving notice. The appeal is to be addressed to the Rector of the University of Greifswald and to be sent in writing to or for recording at the Student and International Affairs Division (Rubenowstr. 2, 17489 Greifswald)