

Reg. no

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Received

**Application to be sent to:**

Lund University

Faculty of Medicine

Study advisor

BMC F11
221 84 Lund

(Internal mailing code 66)

Application for leave from studies due to special reasons

Personal details

Fill in the form electronically

|  |
| --- |
| Personal identity number |
|       |
| Name | Surname |
|       |       |
| Address |
|       |
| Postal code | City |
|       |       |
| Telephone | Email |
|       |       |

|  |  |  |
| --- | --- | --- |
| Admitted to programme/freestanding course | Started  | Programme semester |
|      Office of the Faculty of Medicine, 4 July 2017 | Autumn 20     Spring 20      |       |

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| --- |
| I wish to take a leave from studies due to special reasons\* (social, medical or other special circumstances – see instructions) |
| As of  | spring 20      | autumn 20      | up to and including  | spring 20       | autumn 20      |

\*Certificate/document that supports the reasons to which you refer.

You can apply for a maximum of two semesters, after which a new application must be submitted.

If the application is granted, you are guaranteed a place at the time specified in the decision, under the condition that the admission requirements for the course/semester in question have been fulfilled.

More information and instructions available on the student website.

# I have read the instructions and certify that my application is correct and complete.

Documents attached [ ]

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| --- | --- |
|      ***…………………………………***Date |      ………………………………………………………………Signature  |