

## **APPLICATION FOR STUDY BREAK**

(Approved Leave)

| Name:   |                            | National Identity No:                 |  |                       |
|---|----------------------------|---------------------------------------|--|-----------------------|
| Street address:                                 |                            |                                       |  |                       |
| Postcode:  Enrolled in  programme/course:       |                            |                                       | Telephone number:  |                       |
| Email:  |                            |                                       |  |                       |
| _   | chool of Health<br>ciences | School of Education and Communication | Jönköping International Business School                      | School of Engineering |
| Have you previously been granted a study break? | □No                        | ∐Yes                                  | When   |                       |
| Study break from:                               |                            |                                       |  |                       |
| Reason  |                            |                                       |  |                       |
| Maternity/paternity leav                        | ve                         | □ F                                   | Failed exam required for further                             | studies               |
| Sickness  |                            |                                       | ther   |                       |
|   |                            |                                       | responsible for the programme rrm together with the student. | regarding             |
| Place and date                                  |                            |                                       |  |                       |
| Signature                                       |                            |                                       |  |                       |
| Decision  |                            |                                       |  |                       |
| Request   | ∏Approv                    | ed                                    | Denied   |                       |
| Place and date                                  |                            |                                       |  |                       |
| The decision maker's sign                       | nature                     |                                       |  |                       |
| The application should be                       | sent to:                   | <u>Distribution of</u><br>The student | the decision_  | <u>Date/signature</u> |

Registrar Specialist college (state the relevant specialist college) Box 1026 551 11 Jönköping

The person responsible for the course/ degree programme concerned Ladok administrator
The registrar
Study adviser Admissions Office (fee paying students only)
Accommodation Office (fee paying students only)
International Relations Office (fee paying students only)

Dnr

| Remaining with the following examination/s:                               |                       | Responsible for course or degree programme |
|---|-----------------------|--|
|   |                       |  |
|   |                       |  |
|   | -                     |  |
| It is for the student to learn about the current time for the examination | and to register for t | he examination.                            |
| Estimated time for continuation of studies:                               |                       |  |
| Other items that have been agreed:  |                       |  |
|   |                       |  |
|   |                       |  |
|   |                       |  |
|   |                       |  |
| Notification of date for continuation of studies no later than:           |                       |  |
| Meeting with Study Adviser has been recommended: Yes                      | ☐ No                  |  |
| Other contacts that have been made/have been recommended:                 |                       |  |
|   |                       |  |
|   |                       |  |
|   |                       |  |
|   |                       |  |
|   |                       |  |
| Place and date  |                       |  |
| Student   | Respo                 | onsible for course or degree               |

## Notification regarding continuation of studies

The student must, on their own initiative, give notice to the study administrator whether or not the studies will be continued on accordance with and at the time agreed above. If such notice is not provided Jönköping University reserves the right to unregister the student from the studies. A study break of maximum one (1) year will be granted unless extenuating circumstances exist. The student must notify CSN of the study break.

## How to appeal against a decision

It is possible to send an appeal against a decision to the Board for Appeals at Jönköping (HJÖN). The appeal must be in written for, and must be submitted to the Board for Appeals at Jönköping University (HJÖN), Box 1026, 551 11 Jönköping, at the latest fourteen (14) days after the date of the decision. The appeal must state which part(s) of the decision that is/are appealed against, the desired correction and the reason for this.