



An die
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Abteilung Studium und Lehre
Studierenden-Service-Zentrum
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GERMANY

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Application for leave of absence

Summer Semester

20 ____

resp. Winter Semester

20 ____ / 20 ____

Surname, first name:			
Sudent-ID-no.:	01/	Semester of studying and at university:	
Address (street, post-code, city):			
Phone/mobile/email:			

I apply for a leave of absence for the following important reason:

- Study abroad in the following country and university:**
You always have to obtain the approval of the department. This is omitted for students of foreign-language studies only for the first two terms abroad. Please submit the Erasmus-certificate of the International Office or the invitation of the foreign university. For obligatory internship or abroad semester which is included in the regular duration of studies a semester on leave of absence is not possible (§ 12 paragraph 1 sentence 2 ZImmO).
- Internship that serves the completion of studies or comparable occupation**
You have to verify the approval of the department. In addition, please submit a written justification and a copy of the employment contract. For obligatory internship or abroad semester which is included in the regular duration of studies a semester on leave of absence is not possible (§ 12 paragraph 1 sentence 2 ZImmO).
- Illness**
Please submit a medical report or our supplementary sheet which shows the period and the reason of study inability and the concerning reason. In addition, students of law (degree: 1st state examination) have to verify the approval of the department (see page 2).
- Maternity/parental leave to care for a child until the age of three**
Please submit an official letter from the doctor that confirms the expected date of birth or a copy of your child's birth certificate.
- Child care until the age of five, when the child lives at the same home and there is a child custody**
Please attach a copy of the certificate of birth.
- Care leave for close relatives who depend on care** (e.g. parents, spouse)
Please submit a current verification of the public health care, which also shows that **you** are caring for and supplying.
- Voluntary military service, "Bundesfreiwilligendienst"** or alternative national services
Please submit a copy of the draft notice or equivalent documents.
- Other important reason** (please select only when no other reason applies)
Please submit a particular written justification and corresponding documents.

.....
City, date

X
.....
Your signature

Please turn over!

