# APPLICATION FOR LEAVE OF STUDY – FACULTY OF PSYCHOLOGY

| To:<br>**Faculty of Psychology**<br>**PB 7807**<br>**5020 Bergen** | Application deadline:<br>**1 August / 1 January** | |
|---|---|---|

**1. Personal data**

| Name | | ID number |
|---|---|---|
| Address | | Telephone |
| Zip | City | E-mail |

**2. Study programme at the Faculty of Psychology**

| I'm a student at the Master's Programme in |
|---|

| **3. Reason for leave of study** | **Required documentation** |
|---|---|
| ◯ Illness (own/spouse/child) | Confirmation from physician |
| ◯ Care for own children (birth/adoption) | Birth certificate / documentation of adoption |
| ◯ Mitigating welfare reasons (please specify in 5.) | Documentation of welfare reasons |
| ◯ Academic reasons (please specify in 5.) | Documentation of academic reasons |
| ◯ Employment in student political organizations | Documentation of commitment/employment |

**4. Period of leave**

| If childbirth/adoption | From (DDMMYY) | To (DDMMYY) |
|---|---|---|
| Any other reason | ☐ Autumn semester 20 | ☐ Spring semester 20 |

**5. Specification of reason / other information regarding leave of study**

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**6. Place, date and signature**

Place Date _____

Signature