|  |  |
| --- | --- |
| INSTRUCTIONS FOR APPLICANTS: | Please complete Section 1 of this form and submit it to your Study Programme Director. Note that the availability of student accommodation during the period of leave is not guaranteed. |



Leave of Absence Application Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SECTION 1 – TO BE COMPLETED BY THE APPLICANT | | | | |
| Student ID | | Click or tap here to enter text. | | |
| First name, LAST NAME | | Click or tap here to enter text. | | |
| Study programme | | Click or tap here to enter text. | | |
| Current study semester | | Click or tap here to enter text. | | |
| Request for a | | Leave of absence | Extension of an existing leave of absence | |
| For the period of | | One semester | Two semesters | |
| Beginning on | | Click or tap here to enter text. | Ending on | Click or tap to enter a date. |
| Do you have a student accommodation? | | | Yes | No |
| Would you want to keep your student accommodation during your leave? | | | Yes | No |
| REASON FOR REQUESTING A LEAVE | | | | |
| Case A. | Illness or other medical condition | | | |
| Care for partner or relatives (1st degree) | | | |
| Pregnancy or maternity/paternity (within 3 months of birth/adoption) | | | |
| Parenthood (child below the age of 3) | |  | |
| Military or compulsory civil service | | | |
| Case B. | Other, please explain | | | |
| Click or tap here to enter text. | | | |
| I have a working contract with the University of Luxembourg. | | | | |
| I certify that the information provided on this form is true and accurate. | | | | |
| Signature |  | | Date | Click or tap to enter a date. |
| Please attach copies of any documents that support your application | | | | |



Leave of Absence Application Form

|  |  |
| --- | --- |
| Case A. Statutory reason for requesting a leave  → To be decided by the Study Programme Director | Case B. Non-statutory reason for requesting a leave  → To be decided by the Vice-Rector for Academic Affairs |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 2 – TO BE COMPLETED BY THE STUDY PROGRAMME DIRECTOR | | | | | | | | | | | | | | |
| The request is | | | | | | | Opinion of the Study Programme Director | | | | | | | |
| Eligible | | | | | Denied\* | | Supported | | | | | | Not supported | |
|  | Document forwarded to SEVE on: | | | | \*Please go to Section 4 directly | |  | Document forwarded to SEVE on: | | | | | | |
|  | Click or tap to enter a date. | | | | | |  | Click or tap to enter a date. | | | | | | |
| Please make sure that if you support the request, you forward it to your SEVE Partner for an assessment of the impact of the leave/extension of the leave on the administrative situation of the student. | | | | | | | | | | | | | | |
| SECTION 3A – TO BE COMPLETED BY SEVE HOUSING | | | | | | | | | | | | | | |
| Availability of accommodation | | | | | | | | | | | | | | |
| Not applicable | | | | | | Denied | | | Granted | | | Until | | Click or tap to enter a date. |
| Name of administrator | | | Click or tap here to enter text. | | | | Signature | | |  | | | | |
| SECTION 3B – TO BE COMPLETED BY SEVE ADMISSIONS | | | | | | | | | | | | | | |
| Assessment of the impact of the leave on the status of the individual student (i.e., CNS, AST, CEDIES, UL working contract, etc.) | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| Name of administrator | | | Click or tap here to enter text. | | | | Signature | | |  | | | | |
|  | | | | | | | In case of a non-statutory reason for requesting a leave, after assessment please forward this form directly to the VRA, with the SPD and SPA in copy. | | | | | | | |
| SECTION 4 – TO BE COMPLETED BY THE STUDY   PROGRAMME DIRECTOR | | | | | | | SECTION 5 – TO BE COMPLETED BY THE VICE-RECTOR   FOR ACADEMIC AFFAIRS | | | | | | | |
| The request is | | | | | | | The request is | | | | | | | |
| Approved | | | | Denied | | | Approved | | | | | | | Denied |
| For the period of (only if the request is approved) | | | | | | | For the period of (only if the request is approved) | | | | | | | |
| Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | |
| Justification of the decision (only if the request is denied) | | | | | | | Justification of the decision (only if the request is denied) | | | | | | | |
| Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | |
| Name of the Study Programme Director | | Click or tap here to enter text. | | | | | Signature | | | |  | | | |
| Signature | |  | | | | |
| Date | | Click or tap to enter a date. | | | | | Date | | | | Click or tap to enter a date. | | | |
| A copy of the complete request should be forwarded to the applicant  and to the SEVE. | | | | | | | A copy of the complete request should be forwarded to the applicant, with the SEVE, the SPD, and the SPA in copy. | | | | | | | |