|  |  |
| --- | --- |
| 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. |