

## APPLICATION FOR LEAVE OF ABSENCE

Please send your application and all the necessary documents to your Faculty

Education		
Academic Year		
Period from	up to (and including)	
Name		
Adress		
Postal code		
Reason for leave of absence	(must be specified):	
I am applying for a leave of absence in accordance with § 4-5, subsection one. The following documents are enclosed:		
<b>Regulations Relating to Studies and Examinations at OsloMet – Oslo Metropolitan</b> <b>University, § 4-5 relating to Leave of Absence</b>		
study programme during pre Universities and University	gnancy and for the purposes	ght to leave of absence from the of childcare, cf. Act Relating to ence shall otherwise be granted belling reasons.
2) To be granted a leave of absence for other reasons, the student should have completed at least one semester of the study programme in question. Normally, leave of absence may be granted for up to one year.		
I confirm that I have read and understood the following: Changes may occur in the programme descriptions which may lead to the necessity of certain adjustments (e.g. due to the changes in the syllabus, coursework requirements, form of examination, etc.) related to my progression of study when I resume my studies after my leave of absence has expired. I am aware that I am responsible for keeping myself updated and informed about any changes of deadlines and rules in connection with programme descriptions. I am also aware that I am responsible for any selection of courses if this applies to my study programme. I hereby assume responsibility to notify duly and within the specified deadline about my intention to resume my studies. I am aware that in case I fail to do so my admission to study will be revoked.		
Sted	Dato	Underskrift