**Application for leave of absence**

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| --- | --- |
| Name | Student number |
| Address |
| Zip code and city |
| Telephone | E-mail address |

I am a student at the following programme/course:

|  |
| --- |
|  |

I apply for leave of absence for the following period:

|  |
| --- |
| *date/month/year* to *date/month/year* |

Description:

|  |
| --- |
|  |

Part-time leave – which topics are you going to conduct examinations in:

|  |
| --- |
|  |

Date: Signature:

Applications should be submitted to the Study Administration at the Sámi University College studieadm@samiskhs.no.