



Application for leave of absence from the Doctoral Studies

Enrolment no.: _____

Last name: _____ First name: _____

Street, No.: _____

Postcode, city: _____

Tel.no.: _____

Enrolled in the ____ semester

First Supervisor _____

I request leave of absence in the winter semester _____ /summer semester _____

Reason: _____

I acknowledge that in order to continue my studies, I must re-enrol by transferring the tuition fee on time, by the enrolment deadline of the semester in question at the latest. Otherwise, further enrolment is not possible.

IMPORTANT: the current ÖH fee + insurance must still be paid for the semester on leave!

Place, date

Signature

The following signatures must be obtained from the student before submission:

1. First Supervisor: _____

2. Head of Doctoral Studies: _____

3. Library: _____

To be carried out by Student Service:

Approval Dean: _____