

Arrival date:  
Dnr:

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# **APPLICATION FOR LEAVE OF STUDIES, DOCTORAL EMPLOYMENT**

|  |  |
| --- | --- |
| Surname, name |  |
| Swedish ID number: |  |
| Year of doctoral studies: |  |
| Area of research subject: |  |

I am applying for leave of studies

|  |  |
| --- | --- |
| As of date | Until date |
| State the reasons for the application: | | |

|  |  |
| --- | --- |
| Signature and date of the applicant doctoral student | |
| Signature | |
| Name in print | Date |

**DESICION**

|  |  |
| --- | --- |
| The application for leave of absence from studies are granted until the date:  The application is rejected due to no special reasons for the leave of absence. | |
| Signature, decision maker | |
| Name in print | Date |

The doctoral student's supervisor, director of studies and head of division have been informed.

*Applications for leave of absence from studies must be sent to the subject's HR generalist no later than two months before the decision on new employment.*