

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**

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| [ ]  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.*