



Otto-Friedrich-Universität Bamberg  
Studierendenkanzlei  
Kapuzinerstr. 25 (Rückgebäude)  
96047 Bamberg

Eingang:

## Request for leave

for the **winter semester 2023/2024**

<b>Surname:</b>	<b>Student registration number:</b>
<b>First name:</b>	

<b>Reason for leave</b>	
<b>Please be aware:</b> participation in courses is not possible during the leave of absence; it is only possible to take repeat examinations (exception: leave of absence due to maternity/parental leave and/or care for close relatives) - Art. 93 p. 3 s. 1 BayHIG	
<input type="checkbox"/>	<b>Study abroad</b> <i>Please submit a confirmation issued by the International Office or the original registration certificate issued by the university abroad and a German translation, if applicable.</i>
<input type="checkbox"/>	<b>Internship</b> <i>Please submit the internship confirmation (details of start, end, activity and place of work) or a copy of the internship contract (all pages and signed by all parties).</i>
<input type="checkbox"/>	<b>Illnes</b> <i>Please submit an original medical certificate confirming that the person to be granted leave is not fit to study.</i>
<input type="checkbox"/>	<b>Maternity and/or parental leave</b> <i>During maternity leave: Please submit a medical certificate confirming the expected date of delivery. Alternatively, the original maternity passport must be submitted. After the birth of the child: Please submit the child's birth certificate (copy).</i>
<input type="checkbox"/>	<b>Care of a close relative</b> <i>Please submit an original medical certificate, certifying that the care cannot be provided by a person other than the person to be granted leave, as well as proof of the care level of the relative to be cared for.</i>
<input type="checkbox"/>	<b>Business start</b> <i>Please submit a certificate (copy) from the Department of Research Funding and Transfer (Z/FFT).</i>
<input type="checkbox"/>	<b>Service obligation for voluntary military service/federal voluntary service</b> <i>Please submit a certificate of service (copy).</i>
<input type="checkbox"/>	<b>Foreign language or school assistance abroad</b> <i>Please submit the notice (copy) of participation in the KMK Foreign Language Assistance Program.</i>

Place, date

Signature

Beurlaubung

