

Sent to by post to
Fysikum
Stockholms universitet
106 91 Stockholm
or by e-mail to
studievagledare@fysik.su.se

## Application for approved leave from studies First name: Surname:\_\_\_\_\_ Personal identity number (ååmmdd-xxxx):\_\_\_\_\_ Phone number: Study programme:\_\_\_\_\_ Year of admittence: Finished ECTS credits:\_\_\_\_ I apply for approved leave from studies during this period:\_\_\_\_\_ Reason for approved leave from studies: ☐ Perantal leave ☐ Military service ☐ Sick leave □ Other Relevent certificates and documents should be presented to substantiate the application.

Singature

E-post: <a href="mailto:studievagledare@fysik.su.se">studievagledare@fysik.su.se</a>

## Fysikum

Date