TECHNISCHE UNIVERSITÄT CHEMNITZ

Please take note of the following guidelines:

- The application form can be submitted by email to studierendenservice@tu-chemnitz.de, by post (address: Technische Universität Chemnitz, Studierendenservice, 09107 Chemnitz) or in person.
- The application can only be processed if appropriate reason or proof is provided!
- The period of absence should cover most of the lecture and examination period (usually abaout 8 weeks).
- Please fill out the application in typescript if possible, or alternatively in block letters.
- **The information provided will only be used to assess the application and will be treated confidentially.**

for the

Surname:

Given name:

Student ID number:

I apply for leave of absence for the following reason:
(Please mark the appropriate reason and attach proof. If there is a reason other than those listed below, please give your reasons informally and attach the relevant evidence.)

1. Own disease

(e.g. copy of health insurance vouchers or informal medical certificate of inability to study)
(Note: If the medical certificate recommends a leave of absence, the applicant must also provide an informal written justification as to why the state of health does not allow participation in the study program.)

2. Internship insofar as not obligatory according to the study regulations

(copy of the signed internship contract)

3. Study abroad, insofar as not obligatory according to the study regulations

(e.g. certificate of enrolment of the university abroad)

4. Prohibition of employment

(copy of the medical certificate)

5. Maternity

(copy of the maternity passport with expected date of delivery)

6. Parental leave

(copy of the birth certificate)

7. Care of own children

(written declaration of specific circumstances)

8. Justified social distress

(written declaration of social distress, e.g. bank statements for the last 6 months in the case of financial distress, carer's certificate in the case of caring for a family member)

9. Fulfilment of statutory duty

(e.g. copy of the army draft card)

Date: Signature (applicant): _____