



An die  
Universität Konstanz  
Abteilung Studium und Lehre  
Studierenden-Service-Zentrum  
78457 Konstanz  
GERMANY

**Contact**

Phone:  
+49 7531 88-2664 | -4473 | -4997 | -3639  
Email via contact form:  
[www.uni.kn/en/study/get-in-touch](http://www.uni.kn/en/study/get-in-touch)

First or  follow-up application  
for leave of absence

Summer Semester

20 \_\_\_\_

resp. Winter Semester

20 \_\_\_\_ / 20 \_\_\_\_

Surname, first name:			
Sudent-ID-no.:	01/	Semester of studying and at university:	
Address (street, post-code, city):			
Phone/mobile/email:			

**I apply for a leave of absence for the following important reason:**

- Study abroad in the following country and university:**  
You always have to obtain the approval of the department! This is omitted for students of foreign-language studies only for the first two terms abroad. Please submit the Erasmus-certificate of the International Office or the invitation of the foreign university. For obligatory internship or abroad semester which is included in the regular duration of studies a semester on leave of absence is not possible (§ 12 paragraph 1 sentence 2 ZImmO).
- Internship that serves the completion of studies or comparable occupation**  
You always have to obtain the approval of the department! In addition, please submit a copy of the employment contract. For obligatory internship or abroad semester which is included in the regular duration of studies a semester on leave of absence is not possible (§ 12 paragraph 1 sentence 2 ZImmO).
- Long-term illness**  
Please submit a specialist medical report or our supplementary sheet which shows the period and the reason of study inability and the concerning reason. **Special:** students of law (degree: 1st state examination) have to verify the approval of the department additionally (see page 2).
- Maternity/parental leave to care for a child until the age of three**  
Please submit an official letter from the doctor that confirms the expected date of birth or a copy of your child's birth certificate.
- Child care until the age of five, when the child lives at the same home and there is a child custody**  
Please attach a copy of the certificate of birth.
- Care leave for close relatives who depend on care (e.g. parents, spouse)**  
Please submit a current verification of the public health care, which also shows that **you** are caring for and supplying.
- Voluntary military service, "Bundesfreiwilligendienst" or alternative national services**  
Please submit a copy of the draft notice or equivalent documents.
- Other important reason (please select only when no other one applies)**  
Please submit a particular written justification and corresponding documents.

.....  
City, date

**X**

.....  
Your signature

**Please turn over!**

