



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

Eingang:

Request for leave

for the **winter semester 2024/2025**

Surname:	Student registration number:
First name:	

Reason for leave	
Please be aware: 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"/>	Study abroad <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"/>	Internship <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"/>	Illnes <i>Please submit an original medical certificate confirming that the person to be granted leave is not fit to study.</i>
<input type="checkbox"/>	Maternity and/or parental leave <i>During maternity leave: Please submit a medical certificate confirming the expected date of delivery. Alternatively, the original maternity passport must be submitted.</i> <i>After the birth of the child: Please submit the child's birth certificate (copy).</i>
<input type="checkbox"/>	Care of a close relative <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"/>	Business start <i>Please submit a certificate (copy) from the Department of Research Funding and Transfer (Z/FFT).</i>
<input type="checkbox"/>	Service obligation for voluntary military service/federal voluntary service <i>Please submit a certificate of service (copy).</i>
<input type="checkbox"/>	Foreign language or school assistance abroad <i>Please submit the notice (copy) of participation in the KMK Foreign Language Assistance Program.</i>

Place, date

Signature

Beurlaubung

