

Application Form for Semester Leave of Absence

Applications for a semester leave of absence need to be submitted to the Student Experience Office at the **latest six weeks before the start of a new semester**. Incomplete applications will not be considered.

This Document should be delivered in **paper** or **electronic form** to student@lunex.lu.

Name:			
Email Address:			
Matricule Number:		Programme:	
Semester leave of absence requested:	☐ Winter semester (October ____ to March ____) ☐ Summer semester (April ____ to September ____) 		
Reason for request:	 		
Type of Supporting Evidence:	Medical Certificate ☐	Letter from Consultant ☐	Letter from Counselor ☐
	Police Incident Report ☐	Supporting Statement from a Member of LUNEX Staff ☐	
	Other:		
Date:		Signature:	

Decision of the Exam Board:

Request:	☐ Accepted	☐ Rejected
Reason for rejection:	☐ Evidence not submitted	☐ Request is unclear
	☐ Evidence not accepted	☐ Late submission
	Other:	
Comments:		
Date:		Signature: