Application for a leave of absence for __________________semester 20___/___
(also serves as application for registration)

Registration no. ________________________

Last name, First name ________________________

Please note:
This application for a leave of absence must be submitted along with the appropriate evidence during the registration period (for winter semester: 1 June – 15 Aug., for summer semester: 15 Jan. – 15 Feb.) or, if you have already registered, by the beginning of the teaching period at the latest. In exceptional cases (e.g., illness, births or deaths in the family), the application must be submitted immediately following the event, by the end of the teaching period at the latest.

Important information on payment of fees:
You are always required to pay the 70 euros in administrative fees and the 56 euros in semester fees and the 7 euros for student parliament (a total of 133 euros) during the registration period in the case of a leave of absence. Please note that if you have already registered for the semester, you can only receive a reimbursement for the solidarity contribution (initial fee for the Semester Ticket) of 22 euros if you apply for a leave of absence before the beginning of the semester (1 April or 1 Oct.).

Please include the following with your application:
- Evidence of the reason for the leave of absence (see the reasons listed below)
- If you have already registered for the semester: all of your certificates of enrollment for the current semester

I am applying for a leave of absence for the following reason:

1. Illness
   Evidence: letter from a doctor certifying that you are not capable of completing the necessary courses due to your illness

2. Study abroad in a foreign-speaking country for students of modern languages who are not enrolled at a foreign university (possible only for one semester)
   Evidence: informal written statement

3. Internship that is not a required element of study and examination regulations
   Evidence: confirmation from your faculty (faculty assistant) that the internship contributes to your education and is not required

4. Study at a foreign university or language school or activity as a foreign language or school assistant (not including the practical semester for teaching degree students!)
   Evidence: For an initial leave of absence: letter of acceptance from the foreign university/language school
   For subsequent leaves: certificate of enrollment or proof of activity specifying the exact beginning and end of your stay abroad

5. Completion of military or community service
   Evidence: For an initial leave of absence: copy of your conscription notice
   For subsequent leaves of absence: confirmation of your current term of service specifying the beginning and end of the term (not a conscription notice)

6. Illness, birth or death in the family, responsibility to care for family members
   Evidence: brief written statement with letter from a doctor, copy of birth or death certificate

7. Maternity/parental leave. Preparation for delivery and subsequent care for child
   (§ 3 paragraph 1, Maternity Protection Law, § 15 paragraphs 1 to 3, Federal Law on Parental Allowance and Parental Leave)
   Evidence: copy of your maternity record or other document specifying the date of delivery

- For change of name or address, please see overleaf -
1. Change of name
(Please enclose evidence of the change, your course transcript book, and a passport photo)

New surname: ____________________________________________________________

First name: ______________________________________________________________

Previous surname or name at birth: __________________________________________

2. Change of address (e.g., parents’ address)

Street/house no.: __________________________________________________________

Address supplement: _______________________________________________________
(c/o, room no.)

Postal code/city: __________________________________________________________

If the address is in a foreign country, please indicate the international vehicle registration code: ____________________
(e.g., CH for Switzerland)

Telephone number: ________/___________________

E-Mail address: ____________________________________________________________

Important information!

1. The data on your leave of absence will be collected, stored, processed, and – provided that the necessary legal preconditions have been fulfilled – passed on (§ 12 of the State Higher Education Law, § 9 of the State Data Protection Law of Baden-Württemberg, Regulations of the Ministry of Science and Research on Collecting and Processing the Personal Data of Applicants for Study, Students, and Examination Candidates for University Administrative Purposes from 28 Aug. 1992 (GBL. 1992, page 667)).

2. The leave of absence always covers the entire semester, even if it was applied for after the start of the semester. It is not possible to receive a leave of absence for part of a semester.

3. Pursuant to § 61 paragraph 2 of the State Higher Education Law, students on leave cannot participate in student government. They are not permitted to take courses or use university facilities (except for information centers, as described in § 28 of the State Higher Education Law). However, they are permitted to take examinations that are not part of a course. Caution: Students on leave are not permitted to take final examinations or submit final theses. Students who received their leave of absence due to maternity/parental leave are not affected by this clause. They may take any courses or examinations they wish, earn credits, and use university facilities.

4. A leave of absence may have consequences for the payment of BAföG, children’s or orphan’s allowances, etc. You have a legal obligation to inform all relevant authorities of your leave of absence of your own accord – particularly if you received the leave after you registered for the semester.

I confirm that the data I have provided is correct.

Location, Date ______________________________________  Signature ____________________________________________