



Request for leave of absence

Student Services
Division 5 – Student
Affairs and Student Advice
Centre



By post or email to:

Hochschule Bonn-Rhein-Sieg
Student Services
Grantham-Allee 20
53757 Sankt Augustin, Germany
Email: stud.serv@h-brs.de

Personal details:

☐ Bachelor ☐ Master Course : _____

Student number: _____

First name and surname: _____

Street + house number: _____

Postcode + town/city: _____

<u>I would like to request leave of absence</u>		<u>Deadline for submission of request:</u>
<input type="checkbox"/> for the summer semester	20 _____	15/12 – 15/01 (in justified exceptional cases: 31/05)
<input type="checkbox"/> for the winter semester	20 ____/20 _____	15/06 – 15/07 (in justified exceptional cases: 30/11)

My reasons are set out in the required information on page 2 of the request and the attached evidence.

Legal notice:

I confirm that the information I have provided is truthful and complete. I will immediately notify the Student Services of Hochschule Bonn-Rhein-Sieg of any changes to my personal information.

Students taking leave of absence are not permitted to accrue any study and examination achievements or attain eligibility criteria as defined in section 64 (2) sent. 1 no. 2 Higher Education Act of North Rhine-Westphalia (HG NRW), nor to acquire credits at the university at which they are enrolled.

This does not apply to repeating examinations that they have not passed or to eligibility criteria that themselves result from a semester abroad or an internship for which the leave of absence was taken.

Additionally, this does not apply if the reason for the leave of absence is the care for and upbringing of children as set out in section 25 (5) German Federal Training Assistance Act (*Bundesausbildungsförderungsgesetz*) and also the care for a spouse, registered civil partner, direct relative or a first-degree relative by marriage.

If the leave of absence is granted, I am aware that any payments already made may only be refunded up to the start of lectures. In order to apply for such a refund, an additional request for a refund must also be enclosed (see online at <https://www.h-brs.de/de/beurlaubung>).

I am aware that I am required to pay the full semester fee within the abovementioned, standard re-registration periods in order to continue my studies at the end of the leave of absence. In the event of a follow-on period of leave of absence, a new request for leave of absence must be submitted within the abovementioned deadlines.

The following data will be transferred to the NRW Regional Authority for Data Processing and Statistics in connection with my leave of absence: student number, surname, first name, birth name (if relevant), date of birth, country of birth, gender, nationality, reason for leave of absence, commencement of leave of absence. The data is collected on the basis of the Act on Statistics in the University Sector (*Hochschulstatistikgesetz* – HStatG) as amended from time to time.

**I acknowledge all of the legal notices and confirm this
with my signature on page 2 of the request.**

Leave of absence may only be granted on the grounds for leave of absence set out in the following table and **only with corresponding evidence.**

Leave of absence <u>without</u> additional requirement for approval by your dean	
<input type="checkbox"/> Engagement in a national or voluntary service as defined by the applicable legal provisions (basic military service / federal voluntary service / voluntary social or ecological year) ✓ Certification of the completion of the service	<input type="checkbox"/> Establishing a business ✓ Supporting letter with corresponding evidence
<input type="checkbox"/> Illness ✓ Medical certificate that states that a regular course of study is not possible (incapacity to study)	<input type="checkbox"/> Pregnancy ✓ Evidence of the expected due date (either copy of maternity log or medical certificate) ✓ Subsequently: submission of a copy of the birth certificate immediately after the birth
<input type="checkbox"/> Nursing or care for a spouse, registered civil partner, direct relative or first-degree relative by marriage ✓ Supporting letter ✓ Care grade certification for the relative in question ✓ Evidence of the degree of kinship and support relationship (e.g. copy of birth or marriage certificate) ✓ Other evidence as relevant	<input type="checkbox"/> Nursing and care of children as defined by section 25 (5) of the Federal Training Assistance Act ✓ Copy of the child's birth certificate ✓ Other evidence as relevant
<input type="checkbox"/> Other important family-related or social grounds that one would expect to cause difficulties in rendering academic performance ✓ Supporting letter ✓ Appropriate evidence as relevant	

Leave of absence <u>with</u> additional requirement for approval by your dean	
<input type="checkbox"/> Study period abroad that contributes to the programme objective	<input type="checkbox"/> Absence from the university campus to represent the university or due to collaboration on a research project
<input type="checkbox"/> Commencement of a practical activity that contributes to the programme objective (voluntary internship)	
Evidence required: ✓ Documents that demonstrate the value of the activity in achieving objectives ✓ Your dean's approval obtained by you in the following section:	
Only to be completed by the respective dean: Department: _____ Surname, first name: _____ <input type="radio"/> The request is granted. <input type="radio"/> The request is rejected. _____ Date, dean's signature	

Date

Student's signature