



Application for approved leave from third-cycle education

1. To be completed by the doctoral student

Personal data

Surname

Förnamn

Personal identity number

Third-cycle subject

Disability Research

Media and Communications

Education

Other:

State the period for approved leave from education

State the reason for approved leave from education

2. To be completed by the director of third-cycle education

Application

Date

Signature of the director of third-cycle education

Approved

Rejected

Clarification of signature