

Application form for leave of absence (1) or extended course of study (2)

Read the information on VID’s website first.

Completed applications should be sent to: VID Specialized University, Division for Academic and Student Affairs, PO Box 184 Vinderen, NO-0319 Oslo, NORWAY

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| Name | Address | |
|  |  | |
| Student number |
|  |
| Campus and title of study programme | Email address | Tel. no. |
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**1. Application for leave of absence: from date\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ to date \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

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| **I hereby apply for leave of absence in accordance with the** **Regulations relating to Admissions, Studies, Examinations and Degrees at VID Specialized University, Chapter 4, Section 16, Subsections 1–4:**  *(1) A student may apply for leave of absence for childbirth/adoption, compulsory military service, illness or other special reasons.*  *(2) As a main rule, the student must have completed at least one semester or more to apply for leave of absence. The requirement for completion of the first semester does not apply when childbirth/adoption is the reason for the leave of absence, cf. Section 4-5 of the University and Higher Education Act.*  *(3) As a main rule, leave of absence is granted for up to one year.*  *(4) As a main rule, the total maximum leave period may not exceed two years of the course of study agreed in the student’s original individual education plan.’*  **Place a cross in the relevant box below.** | |
|  | **Childbirth/adoption**  (To be confirmed with a birth certificate, medical certificate, or similar. Leave of absence is normally granted beginning three weeks before the due date and for a period of up to one year.) |
|  | **Compulsory military service**  (To be confirmed with call-up papers or a confirmation letter.) |
|  | **Illness**  (To be confirmed with a medical or other official certificate.) |
|  | **Other special reasons**  (To be confirmed with relevant documentation.) |
| Supplementary information from the applicant: | |

**2. Application to extend the period of study: from date\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ to date \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

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| **I hereby apply to change the study progression in accordance with the Regulations relating to Admissions, Studies, Examinations and Degrees at VID Specialized University, Chapter 4, Section 14, Subsections 1–3:**  *‘(1) A student who has accepted an offer of a place has a right to study according to the nominal length of study/the prescribed progress of study for the relevant full- or part-time programme to which the student is admitted.*  *(2) The right to study can be retained for up to 50% beyond the nominal length of study or organized study progression. This time frame does not include postponed start of studies, exclusion from VID Specialized University or leaves of absence under Section 16 of these regulations.*  *(3) The student may apply to enter into an agreement with VID Specialized University concerning a change in the progress of their studies, but the agreement may not permit the student to spend more than 50% beyond the nominal length of study, cf. Subsection 2.’* |
| Supplementary information from the applicant: |

If you apply for leave of absence during a semester, the tuition and semester fees for that semester will not be refunded.

If you wish to take an exam during the leave period, you must pay the semester fee for the semester in which the exam is held.

If you wish to terminate your studies, please send notification of this by **1 November** for the spring semester and **1 June** for the autumn semester.

Signature:

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| I have applied for leave of absence or a change to my study progression. I have read and understood the following:  Changes may be made to programme descriptions that lead to problems matching up the new requirements with my earlier studies when I return from leave (for example, changes in the syllabus, coursework requirements and form of examination).  I have been duly informed that I am responsible for keeping abreast of changes to deadlines and rules in the study programme. I am responsible for giving written notice if I no longer wish to avail myself of my place on the study programme. | |
| Place/date | Applicant’s signature |
|  |  |