

Hochschule Ravensburg-Weingarten Zulassungsamt/  
Admission  
Postfach 30 22  
88216 Weingarten

Contact:  
Studierenden-Service  
Tel.: 0751/501-9344  
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## Application for a Semester of Leave

Surname, First Name ..... Date of Birth .....

Study Program/ Student Number/ Semester .....

I apply for a Semester of Leave in    WS 20 .....        SS 20 .....

**Your Semester of Leave can only be processed, if you are already re-registered.  
Therefore, please keep in mind the official re-registration period for the next semester!**

Reason: .....  
.....  
.....  
.....

Further documents are attached.

First Semester of Leave.                       ..... Semester of Leave.

.....  
Signature Student/ Date

Hardship/ Deadline:     yes     no    .....  
Signature Examination Office/Date

Semester of Leave is supported.    .....  
Signature Dean/ Date

Semester of Leave is approved.    .....  
Vice-Rector for Student Affairs, Didactics and Quality Management/ Date

Semester of Leave is NOT approved.    .....  
Vice-Rector for Student Affairs, Didactics and Quality Management/ Date

Reason for rejection: .....  
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Approval Note is sent: .....  
Signature Admission Office/ Date