

Date application	Ref.:
received by the public	
authority	

First name and surname			Civic registration number		
Telephone number	Email address				
r	Email address				
Study programme/course and department:	I		_		
Year in study programme:		My studies started (term and year):			
<ul> <li>Guaranteed admission after approved lemeans that the university undertakes to offer.</li> <li>A student who does not intend to resume.</li> <li>Notification of study resumption after a</li> </ul>	ave from studies is or the student admi- nis/her studies mus opproved leave mus otification of resum	s granted for a limited time ssion to studies after the ap st give notification of <b>non-</b> st be given no later than 15 aption by the date stated in			
Approved leave from studies	TE 1 C/G TE/A TE ATEAD)		N		
As of (SpT/AuT, YEAR):	To end of (SpT/AuT, YEAR): Number of terms:				
Signature Place and date		pplicant's signature			
Flace and date		pitcant's signature			
To be completed by the universit	īV				
DECISION:	<u>J</u>				
☐ Granted					
□ Not granted¹					
$\Box$ Details of, and reasons for, the	e decision ar	e to be appended			
Rapporteur, signature		Decision-maker, sign	nature		
			Name in block letters, date and position		

This form is to be sent to the registrar: registrator@uniarts.se or The registrar, Stockholm University of the Arts, Box 24045, SE-104 50 Stockholm.

Appeal information: The decision can be appealed. Your appeal must be in writing. You must state what you would like changed in the decision and your reasons for this. Appeal lies to the Higher Education Appeals Board, but the appeal document is to be sent to: Stockholm University of the Arts, Box 24045, SE-104 50 Stockholm; or, registrator@uniarts.se. The appeal must be received by the university within three weeks of you learning of the decision.