

	REQUEST FOR HOLDING THE STATUS OF ENROLLED STUDENT	Code	SAO.4.21.0 ENG
		Adoption date	12/09/2016
		Revision date	-
		Pages	1/1

The **Electronic Copy** of the form should be filled in, and the student should submit the **Printed Copy** of the completed form to the related Faculty. Incomplete forms will be returned to the student. Upon the acceptance form, the related Faculty will finalize the request.

Student No		Name and Surname		Date of Request	
		Faculty		Telephone & e-mail address	
Program		Academic Year and Semester			
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Master's	<input type="checkbox"/> PhD	Academic Year	20 <input type="checkbox"/> / 20 <input type="checkbox"/>	Semester
				<input type="checkbox"/> Fall	<input type="checkbox"/> Spring

To: ¹	<input type="checkbox"/> Faculty of Economics	<input type="checkbox"/> Faculty of Engineering and IT	<input type="checkbox"/> Education Faculty
------------------	---	--	--

I appeal to the Faculty to put my status on hold from _____ to _____.

Please,
Mark the reason for your request (to HOLD your student status:²)

- Due to some health problems
- Maternity leave
- Other (use additional pages if needed) _____

_____.

I enclosed relevant documentations proving my status of health.

Note: Request should be submitted in two copies.

Student Certification:

I certify that all statements in this request and all verification documents are true and accurate. I understand and agree that I must provide verification of statements I have made, and I also understand that if documentation is insufficient or not attached, or if this request is not signed, my request will be denied.

Student Signature

Date

Approval of the Authorized Person³

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Date		Signature of Head of Department	
-----------------------------------	-----------------------------------	------	--	---------------------------------	--

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Date		Signature of Accountant Officer	
-----------------------------------	-----------------------------------	------	--	---------------------------------	--

¹ Please, mark related Faculty.

² Please, mark the appropriate reason for request

³ To be filled out by university authority.