

LUISS



Duty stamp in
accordance with current
laws

LEAVE OF ABSENCE

TO THE PROVOST

I, the undersigned _____
born in _____ on _____ student identification
number _____ registered for the _____ year of the degree program in

_____ a.y. _____
mobile _____ e-mail _____

REQUEST a leave of absence from university studies for the _____ a.y.,
for the following reasons:

- continuance of studies at a foreign university, Italian military academy, doctorate program (PhD), Graduate School, one year post-graduate Master
- maternity, paternity
- serious and prolonged psychophysical illness that can affect the continuance of the studies

Attachments:

medical records or other documents that prove the temporary impossibility to continue the studies (specify)

ID number _____

Date _____

Signed _____