


|                                                                                  |                                                               |               |                |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|---------------|----------------|
|  | <b>REQUEST FOR HOLDING THE<br/>STATUS OF ENROLLED STUDENT</b> | 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: <sup>1</sup> | <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:<sup>2</sup>)**

- 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 Person<sup>3</sup>**

|                                   |                                   |      |  |                                 |  |
|-----------------------------------|-----------------------------------|------|--|---------------------------------|--|
| <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 |  |
|-----------------------------------|-----------------------------------|------|--|---------------------------------|--|

<sup>1</sup> Please, mark related Faculty.

<sup>2</sup> Please, mark the appropriate reason for request

<sup>3</sup> To be filled out by university authority.