



NON-ATTENDANCE APPLICATION

Professional Teacher Education

Applicant's information

Family name _____ First names _____

Date of Birth ____ / ____ ____

Street address _____ Telephone number _____

Postal code _____ City _____

Study Programme _____

Studies began ____ / ____ 20 ____

I hereby apply for the right to register as a non-attending student for the semester / academic year

____ / ____ 20 ____ - ____ / ____ 20 ____

Reasons for the request (please enclose the documents relevant to the reasons)

Place and Date _____ ____ / ____ 20 ____

Student's signature _____

Decision proposal of the Head of the Department

I recommend the granting of the applicant's request

I do not recommend the granting of the applicant's request

Reason: _____

Place and Date _____ ____ / ____ 20 ____

Head of Department's signature _____

Director's decision

Decision number ____ / 20 ____

Date ____ / ____ 20 ____

Approved as proposed by the Head of Department

Rejected as proposed by the Head of Department

Reason: _____

Director's signature _____