

.....
(Place, date)

.....
(Name of a doctoral student)

.....
(Doctoral student's record book number)

.....
(Year of study)

REQUEST FOR LEAVE

I request that you grant me leave of absence
in the period fromto i.e.working days.

.....
(signature of a doctoral student)

I give my consent / I do not give my consent *

.....
(signature of the head of unit)

I give my consent / I do not give my consent *

.....
(signature of the Director of the Doctoral School)

