# **Vacation semester**

Application for vacation semester

Goethe-Universität Studierendensekretariat 60629 Frankfurt



| Name, First Name  |  | Matriculation Number  |                               |  |
|---|--|---|-------------------------------|--|
| Address   |  | Phone Number (voluntary information)  |                               |  |
| Postal Co   | ode, Residential Address   | Email (voluntary inform   | nation)                       |  |
| I hereby  | submit an application for a leave of abse  | ence from my studies for an im  | portant reason                |  |
| to the  | summer term (year)   | winter term   |                               |  |
| I justify m   | ny request as follows (tick all that apply):   |   |                               |  |
| Illness that precludes proper study. (The probable duration of the illness must be certified by a doctor.)   For completing a study-related internship. (Attach proof.)   Study-related stay abroad. (Attach proof.)   Maternity leave or parental leave. (Attach proof.)   Caring for relatives in need (Attach medical certificate.)   Participation in organs of the university, the student body or the student union (attach certificate of membership and time commitment)   Membership in an A, B, C or D/C squad formed at federal level. (Attach proof.)  I was on leave last semester |  |   |                               |  |
| Place and date  |  | Signature   |                               |  |
| ter is only   | ective leave of absence for a completed semester possible in the event of illness or maternity leave bsence to the relevant institution, since no suppor | . Recipients of training grants and/or  | child benefit must report the |  |
| Approval note: (Not to be filled out by the applicant) According to § 8 of the Hessian Matriculation Ordinance, I authorize you to take a leave of absence.   |  | For students of the faculty 16:  A consultation by the dean's office has taken place. |                               |  |
| Date  | <br>Signature  | Date  | Signature Dean's Office       |  |

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| Name, First Name    |   | Matriculation Number  |  |  |
|---------------------|---|---|--|--|
| Addres              | s   | Phone Number (voluntary information)  |  |  |
| Postal (            | Code, Residential Address   | Email (voluntary information)   |  |  |
| I hereb             | by submit an application for a leave of abse  | ence from my studies for an important reason  |  |  |
| to the              | summer term (year)  |   |  |  |
|                     |   | winter term   |  |  |
| I justify           | my request as follows (tick all that apply):  |   |  |  |
|                     | Illness that precludes proper study. (The probable duration of the illness must be certified by a doctor.)                              |   |  |  |
|                     | For completing a study-related internship. (Attach proof.)  |   |  |  |
|                     | Study-related stay abroad. (Attach proof.)  |   |  |  |
|                     | Maternity leave or parental leave. (Attach proof.)  |   |  |  |
|                     | Caring for relatives in need (Attach medical certificate.)  |   |  |  |
|                     | Participation in organs of the university, the student body or the student union (attach certificate of membership and time commitment) |   |  |  |
|                     | Membership in an A, B, C or D/C squad formed at federal level. (Attach proof.)  |   |  |  |
| tion per<br>This is | riods of the Maternity Protection Act / parental my vacation semester.  | ore than 6 vacation semester (except times when protecleave) are taken.  d taken note of the attached information on leave of absen-  |  |  |
| Place a             | and date  | Signature   |  |  |
| ter is on           | ly possible in the event of illness or maternity leave  | or is excluded. Furthermore, a leave of absence in the first semeste. Recipients of training grants and/or child benefit must report the ort and/or child benefit will be paid during the period of leave |  |  |
|                     | val note: e filled out by the applicant)  | For students of the faculty 16:   |  |  |
| According           | e filled out by the applicant) ng to § 8 of the Hessian Matriculation Ordinance, I e you to take a leave of absence.                    | A consultation by the Dean's Office has taken place.  |  |  |
| Da                  | te Signature  | Date Signature Dean's Office  |  |  |
| Da                  | io Signature  | Date Signature Dean's Office  |  |  |



### Information about

## Vacation semester

A leave of absence is the suspension of studies for a valid reason while maintaining student status.

#### Reasons:

- 1. Illness that precludes proper study (Type and probable duration of the illness must be proven by a current medical certificate or certificate.)
- 2. For completing a study-related internship (Attach proof.)
- 3. Study-related stay abroad. (Proof e.g. exchange program, host university abroad)
- 4. Maternity leave or parental leave. (proof of current medical certificate or birth certificate), care of relatives in need (Attach medical certificate.)
- 5. Membership in a national squad (A, B, C or D/C squad) of a top professional association in the German Olympic Sports Confederation. (Attach proof.)
- 6. Participation in organs of the university, the student body or the student union. (Attach certificate of membership and time commitment.

**Application deadlines:** 30.04. for a summer semester and 31.10. for a winter semester.

**Procedure:** Please send the completed form to the address given or hand it in at the Registrar's Office (Studierendensekretariat). In both cases, please also submit the completed copy. The approval or rejection of your application will be sent to you by post.

<u>Only for students in the Faculty of Medicine/Dentistry:</u> Before submitting an application, refer to the faculty's Dean's Office for advice on a leave of absence! Furthermore, students of Medicine/Dentistry on leave of absence remain registered for repeat examinations, unless a separate deregistration is made in the Dean's Office and it is not a first attempt!

**Evidence:** Appropriate evidence of the reasons must be attached: Please note that a leave of absence does not exempt you from paying the semester fee. Before applying for a semester of leave, please find out from the responsible authorities about the effects of a leave of absence on BAföG, child benefit and your health insurance.

In the case of a leave of absence, you can apply for the return of the semester ticket and the reimbursement of the fee for the semester ticket at the semester ticket hardship fund point/student union. The law also stipulates:

- A retrospective leave of absence for a completed semester is excluded!
- ➤ In the case of a leave of absence in the current semester, previous examination results including failed attempts remain unaffected.
- A leave of absence in the first semester is only possible in special individual cases (usually: illness).
- A leave of absence is not possible for more than 6 semesters.
- In the case of leave of absence according to numbers 1 to 3, failed examinations may be repeated, but no new examinations may be taken.
- > Students on leave of absence according to numbers 4 to 6 are entitled to take part in courses and to complete coursework and examinations despite being on leave.
- Successfully completed studies and examinations that should not have been completed due to previous leave of absence will not be recognized by the responsible examination office. If you are already registered for an exam when you are on leave of absence, please contact your responsible examination office immediately and before your exam and clarify your status as a student on leave of absence with regard to taking the exam.

Advice and information, in the Registrar's Office (Studierendensekretariat), Theodor-W.-Adorno-Platz 6, PEG building, 1st floor, D-60323 Frankfurt am Main, for office hours see <a href="https://www.uni-frankfurt.de/sli/">www.uni-frankfurt.de/sli/</a> Phone.: 069/798-3838