

F-45/01

REQUEST FOR DORMANT STUDENT STATUS

Name and Surname:		Student ID Number:
Faculty/ Program:		Currently at ELS: YES / NO
Hereby I am kindly asking you to grant me dormant student status for of 2016-2017 Academic Year.		orsemester (fall or/and spring)
 The reason is: Maternity leave; An illness due to which I cannot attend the classes or sit for the examinations Carrying out an approved professional work experience in the country or abroad; Other justifiable reason (extreme family problems, death cases of nearer family members, serious financial problems that question my existence and residence in B&H). Please state what exactly, in details: NOTE: Appeals without evidence provided will not be taken into consideration! Students with financial debts must clear their debts before requesting dormant status! 		
Address (in B&H and abroad): Signature: Date: Phone Number:		