Application for part-time study <u>Please note:</u> This translation is provided for information purposes only. In the event of any discrepancies between the translation and the original German version, the latter shall take precedence.

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Saarland University				UNIVERSITÄT DES
Please submit to the responsible examinations office.				SAARLANDES
			1	24
Name		First name		Date of birth
Intended qualification		Subject / Name	e of programme	Student registration number
	'a daaraa (Maatar'a daaraa)	Subject / Name		Siddenit registration number
(please select: Bachelor	's degree / Master's degree)			
	l as a part-time student e to submit an applicati			Semester
I would like to request important reasons:	permission to study on	a part-time b	basis for the following	
			ment amounting to half of the tween 15 and 25 working hour	
Pregnancy / maternal leave (attach medical certificate)				
Caring for a child (attach birth certificate of child)				
Supporting family members with care needs (attach supporting documents, e.g. medical certificate				
Illness / disability (attach medical certificate)				
Other comparable reasons, in particular working for university-related administrative services (attach supporting documents and state reasons clearly on the back of this form)				
	I am able to study for t workload required f		ն and no more than 60% (us study.	ually 15-18 ECTS
	ester relating to the info		mplete and correct. Should an ve provided above, I will inform	
Saarbrücken,Date:				
_	Date		Signature of a	pplicant
				<b>_</b>
Part-time study is	approved [	rejected	To be completed by the respons	ible examinations office
Soorbrücken Deter				
Saarbrücken, Date:	Date		Signature + stamp of exa	iminations officer