Ledighetsansökan

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| |  | | --- | | Namn: | |  |

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| |  | | --- | | Klass: | |  |

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| |  | | --- | | Orsak till ledighet: | |

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| |  | | --- | | Antal dagar: | |  | Datum: |  |

Ansökan lämnas till kursansvarig senast en vecka innan ledigheten.

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| |  | | --- | | Kursdeltagare Underskrift | |  | Kursansvarig Underskrift |
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| Beslut |  |

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| Avslag: |  |  | Bifall: |  |  |

Kursdeltagaren har ett eget ansvar för att hämta in förlorad studietid.