**APPLICATION TEMPLATE: *Interruption of doctoral studies***

**For doctoral students**

**The template contains the mandatory fields for the registration and processing of applications submitted to SD/ISD. The text in red will be deleted in its entirety once the application is filled in.**

**CSUD Director endorsement:**

*Doctoral School Registration No.*

No.\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

**Name and signature of the doctoral school director**

**To the Institute for Doctoral Studies,**

**Babeș-Bolyai University Cluj-Napoca**

**I, the undersigned ............................................................, enrolled in doctoral studies on ..........................................** (date)**, in** (full-time/part-time) **education, funding** (budget/tuition)**, at the Doctoral School of ..................................................., in the field of........................................ with Mr./ Ms. .................................................................. as doctoral supervisor, hereby seek approval to interrupt my doctoral studies for a period of ....... semesters, starting with the ..... semester of the ............/........... academic year** from .................................. until .....................................

*(Semester interruption is possible only at the beginning of a semester.* *The cumulative duration of interruption periods granted to a doctoral student is limited to a maximum of 6 academic semesters. The starting dates of the semesters in between which the interruption is requested must be filled in, conforming to the structure of the UBB academic year. The application must be submitted at least 15 days before the beginning of the academic semester/ academic year for which the interruption is requested - art. 65 of the UBB Regulation).*

I am applying to interrupt my studies for the following reasons .............................................................................................................................................................

 *(Interruption of studies is possible only in the following situations: for medical reasons, for pregnancy and childbirth leave or parental leave, for other documented and justifiable reasons. Supporting documents must be provided).*

I hereby enclose the supporting documents ..................................................................... as well as the Additional Act to the Doctoral Studies Agreement for the purpose of interruption of studies, duly filled in, signed, in 4 copies.

Doctoral student signature

 Approved

Name ....................................................

Doctoral supervisor signature