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|  | | **Certificate of respite from the refresher course due to study abroad** | | | | | | | | | | | | | | | | | | | | | | | | | | | MOW-07-210603 | | | |
|  | | ///////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Department of Mobility and Public Works  **Toegepast Mobiliteitsbeleid**  www.vlaanderen.be/terugkommoment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **To be completed by participant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Personal details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | first name and surname | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | national register number | | | | | |  | | | |  |  |  |  |  | | | | | | | | | | | | | | | | |
|  | | telephone number | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | e-mail address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Details of the refresher course | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | I have not made an appointment for the refresher course. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | I have made an appointment for the refresher course on:  **At the following institution:** | | | | | | | | | | | | | | | day | |  | | month | |  | year | |  | | |  | | |
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|  | | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I declare that I cannot attend the refresher course due to my study abroad, and I request respite. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | date | | | | | | day | |  | | | month | |  | year |  | | | |  | | | | | | | | | | | |
|  | | signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **To be completed by the educational institution** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Details of the educational institution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | name | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | first name and surname of director or rector | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | street and house number | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | postcode and town | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | e-mail address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Start and end date of the period in which the participant cannot attend the refresher course due to their study abroad | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | from | | | day |  | month |  | | year | |  | | | to | | | | | day | |  | | month | | |  | | year | | |  |  | |
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|  | | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | As director or rector of the participant’s educational institution, I declare that the participant will be residing abroad for reasons of study so that the participant is unable to attend the refresher course during the period stated above. | | | | | | | | | |  | | | | | | | | | | |  | Please print your stamp in the adjacent box. | | | | | | | |  | |  | date | day |  | month |  | year |  |  | |  | signature |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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