



**CENTRE FOR POSTGRADUATE STUDIES**

**APPLICATION FOR LEAVE OF ABSENCE FORM**

Semester , Session  /

**Instructions:**

**To Candidate**

- Please complete Section A. You are required to submit this form to the Deputy Dean (Postgraduate) of your Centre of Studies
- Sponsored students who would like to apply for leave of absence for any reason, must enclose consent / approval letter for the leave of absence from their sponsor(s).
- A student will not be granted a leave of absence unless the following conditions are fulfilled:
  - To attend class as usual and sit for any mid-term/final examinations
  - To submit the application form together with a valid air ticket/any travelling documents to the Centre before leaving the country. The following table exemplifies some of the reasons and the relevant necessary documents.

Reasons	Supporting Documents
1. Medical problem e.g.: accidents, and any other serious health problems	Medical report certified by the IIUM Health Centre and air ticket for International Students
2. Personal problems e.g.: family problems, marriage problems, stress	Counselor report certified by the IIUM Counseling & Career Guidance Department or IIUM Health Centre and air ticket for International Students
3. Work constraints	Recommendation letter from employer, air ticket and work permit for International Students

**SECTION A: STUDENT'S INFORMATION (TO BE FILLED BY THE STUDENT)**

Name:		Matric No.:
Tel no email :		
Tel. No.		Email:
Programme : <input type="checkbox"/> PhD <input type="checkbox"/> Master	Programme Title:	
Reason for Leave of Absence:		
<b>FOR STUDENT ON IIUM FINANCIAL LOAN*(if applicable)</b>		
Name of Sponsor : _____		
I understand that if my application is successful, my financial loan will be suspended during the approved leave of absence period.		

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Name and Matric Number:**

**SECTION B: RECOMMENDATION FROM THE HEAD OF DEPARTMENT / PG COORDINATOR (if relevant)**

<input type="checkbox"/>	<b>RECOMMEND</b>	<input type="checkbox"/>	<b>NOT RECOMMEND</b>
<b>Remarks:</b> _____			
<b>Signature &amp; Official Stamp:</b>		<b>Date:</b>	

**SECTION C: APPROVAL FROM THE DEPUTY DEAN (POSTGRADUATE) OF THE CENTRE OF STUDIES**

<input type="checkbox"/>	<b>APPROVED</b>	<input type="checkbox"/>	<b>NOT APPROVED</b>
<b>Remarks:</b> _____			
<b>Signature &amp; Official Stamp :</b>		<b>Date:</b>	

**SECTION D: CENTRE FOR POSTGRADUATE STUDIES OFFICE USE ONLY**

<b>Action/ Remarks:</b>	<b>Date :</b>
<b>UCPS No. :</b>	