الجامعة الاسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يونيۏرسيتي إسلام انتارابڠسا مليسيا

CENTRE FOR POSTGRADUATE STUDIES

APPLICATION FOR LEAVE OF ABSENCE FORM

Semester ☐ **, Session** ☐☐☐☐ / ☐☐☐☐

Instructions:

To Candidate

1. Please complete Section A. You are required to submit this form to the Deputy Dean (Postgraduate) of your Centre of Studies

2. 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).

3. A student will not be granted a leave of absence unless the following conditions are fulfilled:

    a. To attend class as usual and sit for any mid-term/final examinations

    b. 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 : ☐ **PhD**   ☐ **Master**   Programme Title:

Reason for Leave of Absence:

FOR STUDENT ON IIUM FINANCIAL LOAN*(if applicable)

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)

☐ **RECOMMEND**   ☐ **NOT RECOMMEND**

Remarks: _____

Signature & Official Stamp: Date:

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

☐ **APPROVED**   ☐ **NOT APPROVED**

Remarks: _____

Signature & Official Stamp :   Date:

SECTION D: CENTRE FOR POSTGRADUATE STUDIES OFFICE USE ONLY

Action/ Remarks: **Date :**

UCPS No. :