



KULLIYAH OF ALLIED HEALTH SCIENCES  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA (IIUM), KUANTAN

**APPLICATION FOR LEAVE FROM LECTURE / TUTORIAL**

Name : \_\_\_\_\_

Matric No. : \_\_\_\_\_ Year : \_\_\_\_\_

Programme : \_\_\_\_\_

Mahallah : \_\_\_\_\_ Contact No. : \_\_\_\_\_

Address : \_\_\_\_\_  
(Home) \_\_\_\_\_

Duration of Leave : \_\_\_\_\_ day(s) Date (From: \_\_\_\_\_ to: \_\_\_\_\_)

Reason of absence (please state):

\_\_\_\_\_  
\_\_\_\_\_

**(Kindly attach any relevant document)**

Have you applied for leave before? **YES / NO**. If **YES**, kindly state the reason and the period granted:

\_\_\_\_\_  
\_\_\_\_\_

Subject(s) to be missed during the particular period:

NO.	COURSE CODE	COURSE TITLE	SECTION	NAME OF LECTURER	SIGNATURE
1					
2					
3					
4					
5					
6					
7					

**FOR OFFICE USE**

**RECOMMENDATION** : To be completed by the Head of Department

The application for leave is  Recommended  Not Recommended

Remarks (if any) :

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Head of Department

\_\_\_\_\_

Date

**APPROVAL** : To be completed by the Deputy Dean (Student Affairs & Alumni)

The application for leave is  Approved  Not Approved

Remarks (if any) :

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Deputy Dean  
(Student Development & Community Engagement)

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Date