



**INTERNATIONAL ISLAMIC UNIVERSITY OF MALAYSIA**  
**Kulliyah of Islamic Revealed Knowledge & Human Sciences**  
**Office of the Deputy Dean, Student Development & Community Service**  
**Recommendation for Application for Leave of Absence**

**Important note:**  
"A student applying for leave of absence shall continue to attend classes until approval of the application." (SAPER, 2015)

**PART I : To be completed by the applicant**

Name: ..... Matric no.: .....

Reason for applying Leave of Absence

.....  
.....

*(To attach supporting document/s, if any)*

Semester applied for Leave of Absence: Sem. \_\_\_\_\_ Academic year: 20\_\_\_\_ / 20\_\_\_\_

**PART II : To be completed by the Department's Academic Advisor**

Comments from the Department

.....  
.....  
.....  
.....  
.....

Recommended

Not recommended

.....  
**Academic Advisor**  
*(Signature and Official stamp)*

.....  
Date

This form needs to be attached with UG10 form and be submitted to the Office Deputy Dean (SDCE) by the Academic Advisor.



## APPLICATION FOR LEAVE OF ABSENCE FEES OF RM50.00 (WEEK 1 UNTIL WEEK 12)

### SECTION A (PERSONAL INFORMATION - TO BE FILLED IN BY THE STUDENT)

NAME : \_\_\_\_\_  
 MATRIC NO. : \_\_\_\_\_ TELEPHONE NO. : \_\_\_\_\_ EMAIL : \_\_\_\_\_  
 MAJOR / PROGRAMME : \_\_\_\_\_  
 NATIONALITY : \_\_\_\_\_ PARENT'S CONTACT NO. : \_\_\_\_\_ ROOM / MAHALLAH : \_\_\_\_\_  
 POSTAL ADDRESS : \_\_\_\_\_  
 (WHILE ABSENCE) \_\_\_\_\_

### SECTION B (REGISTRATION INFORMATION - TO BE FILLED IN BY THE STUDENT)

CLASSES REGISTERED IN THE SEMESTER APPLIED FOR LEAVE OF ABSENCE:

NO	COURSE CODE	COURSE TITLE	SECTION	LECTURER'S NAME

**IMPORTANT NOTE: ATTACH ADDITIONAL DOCUMENT(S) TO SUPPORT YOUR APPLICATION. THIS FORM WILL NOT BE PROCESSED WITHOUT THE SUPPORTING DOCUMENT(S).**

REASON(S) FOR LEAVE OF ABSENCE (Please tick (√) whichever relevant)

MEDICAL (PLEASE STATE) : \_\_\_\_\_  
 OTHER (PLEASE STATE) : \_\_\_\_\_

HAVE YOU APPLIED FOR LEAVE OF ABSENCE BEFORE? ( YES / NO )

IF YES, PLEASE STATE THE REASON AND THE PERIOD GRANTED : \_\_\_\_\_

### SECTION C (DECLARATION BY THE STUDENT)

STUDENT'S SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

### SECTION D (APPROVAL) - DEPUTY DEAN (STUDENT AFFAIRS) OF THE STUDENT

APPROVED	<input type="checkbox"/>	SIGNATURE & STAMP : _____ DATE : _____
NOT APPROVED	<input type="checkbox"/>	
REMARKS:		
_____		
_____		

### SECTION E (STATUS) - TO BE UPDATED BY THE KCDI ACADEMIC OFFICE

Please Verify:		SIGNATURE & STAMP : _____ DATE : _____
PAYMENT OF RM50.00 HAS BEEN MADE	<input type="checkbox"/>	
Receipt No.	_____	