

KULLIYAH OF MEDICINE
APPROVAL APPLICATION FOR LEAVE / TRAINING FORM
POSTGRADUATE STUDENTS

Application approval must be submitted to the Head of Department at least 3 days before the leave date.

1. Full Name : _____ Matric No. : _____

2. Course Name : _____ Academic Year : _____

3. Department / Posting : _____

4. Total leave(s) : _____ day(s)
Effective from : _____ Until : _____

5. Type of Leave : Annual Leave Eligible 14 days/semester Mental Leave Eligible 7 days/semester Others

6. Reason(s) _____

7. Address while on leave: _____
/Training _____

Signature of Replacer
Name:
Date : _____

Applicant's Signature
Date : _____

RECOMMENDATION BY SUPERVISOR / CLINICAL SUPERVISOR

Recommended / Not Recommended

Remark(s) : _____

Date : _____ Signature & Stamp : _____

APPROVAL FROM HEAD OF DEPARTMENT OF PROGRAMME

Recommended / Not Recommended

Remark(s) : _____

Date : _____ Signature & Stamp : _____

RECORD/UPDATE

Leave approved : _____ Balance of leave : _____