

APPLICATION FOR LEAVE OF ABSENCE

Semester , Session /

INSTRUCTIONS:

To Candidate

- Please complete Section A. You are required to submit this form to the Deputy Dean (Postgraduate) of your Kulliyah/Institute.
- 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	Counsellor report certified by the IIUM Counselling & 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

- A fee of RM50.00 will be charged as an administrative fee. Please pay to Bank Muamalat (M) Berhad - **IIUM Operating Account (1407-000000-4716)** and attach copy of payment slip to this form for submission to PG Office, Kulliyah.

Section A : Student's Information (to be filled by the student)	
Name:	Matric No.:
Tel no & email :	
Programme : <input type="checkbox"/> PhD <input type="checkbox"/> MASTER	
Department & Kull. :	
Sponsor :	

Reason :

FOR STUDENT ON IIUM FINANCIAL LOAN

I understand that if my application is successful, my financial loan will be suspended during the approved leave of absence period.

Date: _____

Student's Signature: _____

Section B : HEAD OF DEPARTMENT / PG COORDINATOR (if relevant) Recommendation

RECOMMEND

NOT RECOMMEND

Remarks _____

Date:

Signature & Official Stamp:

Section C : DEPUTY DEAN (POSTGRADUATE AND RESEARCH) Approval

APPROVED

NOT APPROVED

Remarks _____

Date:

Signature & Official Stamp:

Date Received	Action / Remarks