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COMSATS University Islamabad Abbottabad Campus

**APPLICATION FORM FOR LEAVE OF ABSENCE FOR MS/PhD STUDENTS**

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| **Name:** | **Registration #** |
| **Program:** | **Department:** |
| **Leave of Absence requested semester\*:** | **Date of application:** |
| **Leave of absence previously availed: Yes/No** | **Copy of Transcript: Attached** |
| **Reason for Leave of Absence:** | |
|  | |
| I hereby request for leave of absence for consideration under CUI rules. | |

***\* Please specify semester and year e.g. (SP21, FA20 etc.), Leave of absence in very 1st semester and 02 consecutive semesters are not allowed.***

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**Applicant Signature**

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|  | **Kindly tick any one of the following** | **Name & Signature** |
| **Supervisor**  **concerned** | **Recommended**  **Not Recommended**  **Recommended**  **Not Recommended**  **Recommended**  **Not Recommended**  **Approved**  **Not Approved**  **Approved**  **Not Approved** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Head of the Department** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chairperson of the Department** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dean of the Faculty** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The Registrar, CUI** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Notified vide Notification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by Office of Registrar | | |