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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 |