**Leave of Absence Request Form**

**Full Name:**

**Student ID number Passport number**

**Programme of Study**

**DD MM YY**

**Date of Birth**

**Reason for Request for Leave of Absence**

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|  |

**Length of time requested**

|  |  |
| --- | --- |
| [ ]  | I am requesting a set period of leave of absence of       **days** / **months**  |
| [ ]  | I am requesting an indefinite leave of absence on the understanding of University regulations. |

**Student’s Signature Date:**

**Head of Department/School:** [ ]  Approved [ ]  Disapproved

**Name & Signature: Date:**

**IC–TUMS Director for Educational Affaires:** [ ]  Approved [ ]  Disapproved

**Name & Signature: Date:**

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| --- |
| **Students must complete and return this form to International Campus, office of Educational Affairs for processing in person or via an email icedu@tums.ac.ir.**  |