



Leave of Absence Request Form

Surname First Name

Student number Department

Programme of Study

Date of Birth
DD MM YY

Reason for Request for Leave of Absence

Length of time requested

<input type="checkbox"/>	I am requesting a set period of leave of absence of ____ days / months
<input type="checkbox"/>	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 Affairs:

Approved

Disapproved

Name & Signature:

Date:

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.