



Urmia University of Medical Sciences(UMSU)

Leave of Absence Request Form

Full Name:

Student ID Number:

Passport Number:

Study Major:

Date of Birth:

Reason for Request for Leave of Absence:

Length of time requested:

<input type="checkbox"/>	I am requesting a set period of leave of absence for.....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:

TUMS Director for Educational Affairs:

Approved

Disapproved

Name & Signature:

Date:

NOTICE: Students must complete and return this form to International Campus, office of Educational Affairs for processing.