



# ZAHEDAN UNIVERSITY OF MEDICAL SCIENCES APPLICATION FORM FOR STUDENTS LEAVE OF ABSENCE

## • SECTION A:

**TO BE FILLED BY THE STUDENT**

<b>SECTION A: Student Details</b>	
Student Full Name:	
Student Number:	Program:
Passport Number:	Nationality:

I am requesting to be granted leave of absence for ..... days with effect from (date) ..... to ..... (date) on account of :

- Medical Reasons
- Academic Reasons
- Personal Reasons
- Others (Please specify: .....)

<b>Students Signature</b>
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## • SECTION B:

**The following Classes/Exams are likely to be missed during this absence.**

Course Code	Course Title	Lecturers Name

## • SECTION C:

**DEAN OF SCHOOL OF .....**

I do recommend/not recommend \_\_\_\_\_ leave days.

Print Name:

Signature:

Date: