



Request for Leave

Surname First Name

Student number Department

Programme of Study

Date of Birth

DD MM YY

Reason for Request for Leave

Length of time requested

<input type="checkbox"/>	I am requesting a set period of leave of _____ days / months
<input type="checkbox"/>	I am requesting an indefinite leave 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.