



## Leave of Absence Request Form (Fellowship & Subspecialty Student)

Full Name

Student ID number  Passport number

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:

Head of Specialty Department:

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](mailto:icedu@tums.ac.ir).