



## Request for Leave

Full Name

Student ID number

Passport Number

Programme of Study

Date of Birth

DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Request for Leave

Length of time requested

<input type="checkbox"/>	I am requesting a set period of leave of ____ <b>days / months</b>
<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](mailto:icedu@tums.ac.ir).