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| **Request for Leave** |

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**Full Name/Nationality**

**Student Number**

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Passport Number Date of Birth

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| MBBS / MD |

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Program of Study **Phase** (phisiopat {1,2}, stager, Intern)

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| **Reason of Request for Leave:**  **Education assistant Feedback:**  **DR. Bahadori, MR. Jalali Feedback:** |

I am requesting a set period of leave of ……………....……. Days/Months.

(Date of Departure: ………….........……….…. Date of Arrival: ……………. …..……....…….)

**Student’s signature** **Date**:

**Head of School** **Approved** **Disapproved**

**Name and Signature: Date:**

Students must complete and return this form to the **International Campus-School of Medicine,** Office of the Educational Affairs for processing in person or via E-mail s-zolfaghari@farabi.tums.ac.ir.