**Leave of Absence Form (Indebted students)**

Please print in block capitals or type

**Full Name**

**Student number Passport Number**

**Programme of Study**

YY

MM

DD

**Last date of attendance**

**Last date of active study**

**Reason for leaving**

Academic Wrong Programme

Employment Wrong university

Financial Moving closer to home

Health/Disability

(Please state)

**Other reason**

(Please state which University and which programme you are transferring to)

**Transferring to another University**

I confirm that I am leaving the **International Campus(IC)**

I have obtained the advice/information I need to take this decision – **YES / NO**

I would like someone to contact me to give further information/advice – **YES / NO**

DD / MM / YY

**Signed Date**

**I commit to leave the country after completing these forms and sending them to the education department, after paying debt, I will enter the country and continue my education.**

**\*** **procrastination to leave will result in prosecution.**

**IC– School of Medicine Educational Manager  Approved  Disapproved**

**Name & Signature: Date:**

ستاد مرکزی پردیس بین الملل: تهران، بلوار کشاورز، خیابان فلسطین جنوبی، خیابان دمشق، خیابان برادران مظفر، پلاک 124

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دانشکده داروی سازی: خيابان وحدت اسلامي، ضلع جنوبي پارك شهر، جنب ديوان عدالت اداري، نبش، كوچه شهيد عدالت خواه، تلفن 555761631-021

**IC– School of Medicine Dean/ Vice Dean for Educational Affaires:  Approved  Disapproved**

**Name & Signature: Date:**

ستاد مرکزی پردیس بین الملل: تهران، بلوار کشاورز، خیابان فلسطین جنوبی، خیابان دمشق، خیابان برادران مظفر، پلاک 124

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| --- |
| **فرم تسويه حساب دانشجويان**  **TUMS-IC Students’ Settlement Form** |
| Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student in MD / MBBS, due to the debt, the student is obliged to take a permanent exit and leave the country. It should be noted that after paying the debt according to the approval of financial affairs, continue studying will be possible to.  (Please state)  Reason for leaving    **IC– School of Medicine Education Manager of International Students** |
| vacated his/her room, turned in the keys, and returned all original furnishings and accessories on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has **NO** remaining debts to the dormitory.  **TUMS-IC Vice-Dean for Student Affairs TUMS-IC Dormitory Affairs Officer**  **Insurance:** Year, Status, & Persons Under Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dormitory:** Entry Date: \_\_\_\_\_\_\_\_\_\_ Exit Date: \_\_\_\_\_\_\_\_\_\_ **TUMS-IC Cultural Student Affairs Officer** |
| Completed (or is exempted from) the English Language program as a prerequisite of admissions.  **yes**  **no**  Completed (or is exempted from) the Persian Language program.  **yes**  **no**  **Dean of TUMS International College** |
| returned all the books/items he/she had borrowed from this library. The last item was returned to this library on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and he/she does **NOT** have any books on loan or any debts.  **TUMS Head Librarian** |
| paid all fees in full on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has **NO** remaining debts to this department.  **TUMS-IC Head of Financial Department** |
| submitted below documents to this office on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  A) Certificate of English Proficiency B) Permanent Exit Permission  **TUMS-IC Director of International Affairs and Development** |