

**COMSATS University Islamabad****Application for Leave of Absence**MS Ph.D.

Student's Name:	Registration #
Program:	Department:
Campus:	Date of application:
Leave requested for semester*:	Leave availed before? (Yes/No):
Documents Required:	
(a) Fee payment receipt attached? (Yes/No):	(b) Copy of Transcript Attached (Yes/No):
Reason for leave of absence:	
I hereby request for extension in studies for consideration under CUI rules.	

Note: Please specify the semester for which leave is requested (e.g. SP24, FA24 etc.) A leave of absence in the 1st semester is not allowed.

Applicant's Signature

	Recommendations	Name & Signature
Supervisor	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Name: _____ Signature: _____
Head of the Department	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Name: _____ Signature: _____
Chairperson of the Department	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Name: _____ Signature: _____
Dean of the Faculty	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Name: _____ Signature: _____
Registrar CUI	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Name: _____ Signature: _____
Notified vide Notification No. _____ Dated: _____ by Office of Registrar.		