



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

Student's Name:	Registration #
Program:	Department:
Campus:	Date of application:
Semester to resume studies*:	Leave of Absence Semester*:
Leave of Absence Notification #:	

*Note: Please specify the semester and year (e.g. SP24, FA24 etc.)*

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**Student's Signature**

	Recommendations	Name & Signature
<b>Supervisor</b>	<input type="checkbox"/> <b>Recommended</b>	Name: _____
	<input type="checkbox"/> <b>Not Recommended</b>	Signature: _____
<b>Chairperson/ Head of Department</b>	<input type="checkbox"/> <b>Approved</b>	Name: _____
	<input type="checkbox"/> <b>Not Approved</b>	Signature: _____
<b>Office of Graduate Studies / Academic Section</b>	<input type="checkbox"/> <b>Approved</b>	Name: _____
	<input type="checkbox"/> <b>Not Approved</b>	Signature: _____
Remarks (if any)		