الجامعة الاسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يونيۏرسيتي إسلام انتارابڠسا مليسيا

UG10

Workstation : AMAD
Version : 01
Revision : 03
Effective Date : 11/10/2020

APPLICATION FOR LEAVE OF ABSENCE
(WEEK 1 UNTIL WEEK 12)
FEES OF RM50.00

SECTION A *(STUDENT INFORMATION - TO BE FILLED IN BY THE STUDENT)*

NAME :

MATRIC NO. :   **TELEPHONE NO. :**   **EMAIL :**

MAJOR / PROGRAMME :

NATIONALITY :   **PARENT'S CONTACT NO. :**   **ROOM / MAHALLAH :**

POSTAL ADDRESS :

(WHILE ABSENCE)

SECTION B *(REGISTRATION INFORMATION - TO BE FILLED IN BY THE STUDENT)*

CLASSES REGISTERED IN THE SEMESTER APPLIED FOR LEAVE OF ABSENCE:

NO	COURSE CODE	COURSE TITLE	SECTION	LECTURER'S NAME

IMPORTANT NOTE: ATTACH ADDITIONAL DOCUMENT(S) TO SUPPORT YOUR APPLICATION. THIS FORM WILL NOT BE PROCESSED WITHOUT THE SUPPORTING DOCUMENT(S).

REASON(S) FOR LEAVE OF ABSENCE (Please tick (√) whichever relevant)

☐ **MEDICAL (PLEASE STATE) :**

☐ **OTHER (PLEASE STATE) :**

HAVE YOU APPLIED FOR LEAVE OF ABSENCE BEFORE? (YES / NO)

IF YES, PLEASE STATE THE REASON AND THE PERIOD GRANTED :

SECTION C *(DECLARATION BY THE STUDENT)*

STUDENT'S SIGNATURE :   **DATE :**

SECTION D (*APPROVAL BY THE DEAN)*

APPROVED	
NOT APPROVED	

REMARKS:

SIGNATURE & STAMP :

DATE :

SECTION E (*VERIFICATION BY THE KCDI ACADEMIC OFFICE*)

Please Verify:

PAYMENT OF RM50.00 HAS BEEN MADE	
Receipt No.	

SIGNATURE & STAMP :

DATE :