

**KULLIYAH OF MEDICINE  
APPROVAL APPLICATION FOR LEAVE / TRAINING FORM  
POSTGRADUATE STUDENTS**

Application approval must be submitted to the Head of Department at least **3 DAYS** before the leave date.

1. Full Name : \_\_\_\_\_ Matric No. : \_\_\_\_\_
2. Course Name : \_\_\_\_\_ Academic Year : \_\_\_\_\_
3. Department / Posting : \_\_\_\_\_
4. Leave(s) Balance: \_\_\_\_\_ Day(s)  
Effective from : \_\_\_\_\_ until : \_\_\_\_\_  
Total Leave Taken: \_\_\_\_\_ Day(s) Balance Leaves: \_\_\_\_\_ Day(s)
5. Type of Leave :  Annual Leave Eligible 14 days/semester  
 Mental Leave Eligible 7 days/semester  
 Others
6. Reason(s) \_\_\_\_\_
7. Address while on leave: \_\_\_\_\_

\_\_\_\_\_  
Signature of Replacer  
Name & Stamp:  
Date : \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature  
Date : \_\_\_\_\_

**RECOMMENDATION BY SUPERVISOR / CLINICAL SUPERVISOR / PROGRAMME COORDINATOR**

Recommended / Not Recommended

Remark(s) : \_\_\_\_\_  
Date : \_\_\_\_\_ Signature & Stamp : \_\_\_\_\_

**APPROVAL FROM HEAD OF DEPARTMENT OF PROGRAMME**

Recommended / Not Recommended

Remark(s) : \_\_\_\_\_  
Date : \_\_\_\_\_ Signature & Stamp : \_\_\_\_\_

**RECORD/UPDATE**

Leave approved : \_\_\_\_\_ Balance of leave : \_\_\_\_\_