

REQUEST FORM FOR PERMANENT LEAVE

To: The Management Board of IU & Office of Academic Affairs

STUDENT INFORMATION:

Student full name: Student ID:

Date of birth: Phone number: Email:

School/Department of: Intake: -

REQUEST INFORMATION:

I would like to make an end of my study program at semester, academic year 20..... – 20.....

by reason of:

- My disability of understanding the lecture in English
- Weak health
- My financial difficulties
-

1.Date: / /
Student's signature:

4.SCHOOL/DEPARTMENT'S
APPROVAL

6. FOR IU LIBRARY (1st floor)
Date: / /
Signature:

2.PARENTS' AGREEMENT
.....
.....
Date: / /
Phone number:
Signature:

.....
.....
.....
Date: / /
Signature:

7. OFFICE OF STUDENT SERVICES
.....
.....
Date: / /
Signature:

3. ADVISOR'S APPROVAL
After consulting with the student's parents,
I ensure that the student's request for permanent
leave has been approved by the parents.

Date: / /
Signature:

**5. OFFICE OF INTERNATIONAL
ACADEMIC COLLABORATION**
**(For student of twinning program
ONLY)**
.....
.....
.....
Date: / /
Signature:

8. OFFICE OF ACADEMIC AFFAIRS
Date of receipt: / /
Date of response: / /
Signature: