

REQUEST FORM FOR TEMPORARY 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:

Semester of leave:, academic year: -
Semester of return:, academic year: -

- 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: / /
Signature:

7. OFFICE OF STUDENT SERVICES
.....
.....

Date: / /
Phone number:
Signature:

5. OFFICE OF INTERNATIONAL ACADEMIC COLLABORATION
(For student of twinning program ONLY)
.....

Date: / /
Signature:

3. ADVISOR'S APPROVAL

After consulting with the student's parents, I ensure that the student's request for temporary leave has been approved by the parents.

Date: / /
Signature:

Date: / /
Signature:

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