



LEAVE REQUEST FORM FOR INTERNATIONAL STUDENTS

Date:

Student information:

Student Name	Student No	Academic Program Intake (year)	Field of study

Number of days requested:

STARTING ON:

ENDING ON:

Documents to submit:

Documents	<u>Submitted (Please tick YES)</u>
Original Passports	YES <input type="checkbox"/> NO <input type="checkbox"/>
3 pictures (3*4)	YES <input type="checkbox"/> NO <input type="checkbox"/>
2,500 Toman/student	YES <input type="checkbox"/> NO <input type="checkbox"/>

Comments if any:	
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LEAVE APPROVED:

YES NO

Student Signature:

Date:

Supervisor/Manager Signature:

Date: