



**Your personal details**

Full name (with University ID No.)  (ފުރިހަމަ ނަންމާއި ޔުއެކްސިޓީވް ޕްރޮގްރާމް ނަންބަރު)

Permanent Contact Address  (ފުރިހަމަ ޕްލާކެޓް ބަންދު)

Contact Phone Numbers  (ގުޅުވާލާ ޕްލާކެޓް ނަންބަރު)

**Course details**

Course Name  (ކޯސްގެ ނަންމު)

Faculty/Centre  (ފެކުލްޓީ/ކެންޓަރު)

Campus  (ކެމްޕަސް)

Semesters completed so far  (ހަދަދުވާލުވާ ސެމްސްޓަރުތައް)

Last day you attended classes  (ފުރިހަމަ ކުރި ދަންނަވާ ދުވަހުގެ ނަންބަރު)

**Leave of absence details**

Leave requested starting from  (ފުރިހަމަ ކުރި ދަންނަވާ ދުވަހުގެ ނަންބަރު)

Year  Term I (Jan/Feb)  Term II (July/Aug)

Reason for Leave of absence  
 State clearly and briefly why you are requesting for a Leave of absence?

**Intended return to the study**

Year  Term I (Jan/Feb)  Term II (July/Aug)

**Subject Details (If registered)**

Subject code	Section	Subject (course) title	Credit	Attendance %	Course Co-ordinator Sign

**Declaration**

1. I declare that all the information given in this form and the attached documents (if any) are accurate and true to the best of my knowledge.  
 2. I agree to conform to the rules and regulations of the University regarding Leave of absence.

Date  Signature

When submitting this form, the aforementioned attendance report needs to be filled.

**Recommendation of the Faculty/Centre**

To be filled by the Faculty/Centre  
 I recommend the Leave of absence proposed in this form

Faculty Stamp  Course Co-ordinator / On behalf of the Faculty / Name  Signature  Date

ACTION COMPLETED – OFFICE USE ONLY			
Received by:	Date:	Date verified and/or updated by:	Date:
Leave approved by:	Date:	Date student notified of the result:	Date:
Date Faculty/Centre notified:		Record amended by:	Date: