IIUM Centre for Continuing Education (ICCE)

APPLICATION FOR STUDY LEAVE
(POSTGRADUATE)

TO BE COMPLETED BY THE APPLICANT

NAME:_____   MATRIC NO: _____

PROGRAMME: _____

CENTRE: **GOMBAK/PENANG/KUCHING/BINTULU/K.KINABALU**

POSTAL ADDRESS:

_____

_____

H/PHONE NO:_____   EMAIL: _____

SEMESTER APPLIED FOR STUDY LEAVE:

SEMESTER:_____   ACADEMIC SESSION: _____

CLASSES REGISTERED IN THE SEMESTER APPLIED FOR STUDY LEAVE:

NO	COURSE (S)/SECTION	NAME OF LECTURER(S)	KULL/DEPT.

REASON(S) FOR STUDY LEAVE:

	MEDICAL (PLEASE STATE):_____

	OTHERS (PLEASE STATE):_____

HAVE YOU APPLIED FOR LEAVE OF ABSENCE BEFORE? (YES/NO) IF YES, PLEASE STATE THE REASON AND THE PERIOD GRANTED.

_____

WILL RESUME ON: SEM_____SESSION _____

DECLARATION BY THE STUDENT

I HEREBY AGREE THAT THE FOLLOWING FEES WILL BE IMPOSED ON ME FOR STUDY LEAVES:

1. 90% REFUND: FROM WEEK 1 - 2 OF CLASS
2. 60% REFUND: FROM WEEK 3 - 5 OF CLASS
3. NO REFUND: FROM WEEK 6 - 8 OF CLASS

_____   _____

STUDENT'S SIGNATURE   DATE