



The Maldives National University

Machchangolhi, Male', Maldives.

Phone 315400; Fax: 315411

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

މާލެ 315400 ގަޅުގަލު ތިރިންނަންނަން
ސަރުކާރުގެ ދަރިވަރުންނަށް ބޭނުންކުރާ
3315411 ފަން: 3315400 ފޯން:

L10

Request for Leave of absence

އިތުރު ފޮތްތައް ފުރިހަމަކުރުމަށް ފޯމު ފުރިހަމަކުރުމަށް

Your personal details

އިތުރު ފޮތްތައް ފުރިހަމަކުރުމަށް

Full name (with University ID No.), Present Contact Address, Contact Phone Numbers

Course details

އިތުރު ފޮތްތައް ފުރިހަމަކުރުމަށް

Course Name, Home Faculty/Centre, Campus, Semesters completed so far, Last day you attended classes

Leave of absence details

އިތުރު ފޮތްތައް ފުރިހަމަކުރުމަށް

Leave requested starting from: Year / Term, Term I (January/February), Term II (June/July)

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, Term I (January/February), Term II (June/July)

Declaration

އިތުރު ފޮތްތައް ފުރިހަމަކުރުމަށް

1. I declare that all the information given in this form... 2. I agree to conform to the rules and regulations of the University regarding Leave of absence. Date, Signature

Recommendation of the Faculty/Centre

އިތުރު ފޮތްތައް ފުރިހަމަކުރުމަށް

To be filled by the Faculty/Centre: I recommend the Leave of absence proposed in this form. Stamp, Course Co-ordinator / On behalf of the Faculty, Date, Name

ACTION COMPLETED – OFFICE USE ONLY

Table with 2 columns: Action, Date. Rows: Received by, Leave approved by, Date Faculty/Centre notified, Date verified and/or updated by, Date student notified of the result, Record amended by.