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**FORM: GS-02 (v1)**

**COMSATS University Islamabad**

Application for Leave of Absence

MS ☐ Ph.D.☐

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| Student’s Name: | Registration # |
| Program: | Department: |
| Campus: | Date of application: |
| Leave requested for semester\*: | Leave availed before? (Yes/No): |
| Documents Required: |  |
| (a) Fee payment receipt attached? (Yes/No): | (b) Copy of Transcript Attached (Yes/No): |
| Reason for leave of absence: | |
|  | |
| I hereby request for extension in studies for consideration under CUI rules. | |

***Note: Please specify the semester for which leave is requested (e.g. SP24, FA24 etc.) A leave of absence in the 1st semester is not allowed.***

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**Applicant’s Signature**

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| --- | --- | --- |
|  | **Recommendations** | **Name & Signature** |
| **Supervisor** | **Recommended**  **Not Recommended**  **Recommended**  **Not Recommended**  **Recommended**  **Not Recommended**  **Approved**  **Not Approved**  **Approved**  **Not Approved** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Head of the Department** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chairperson of the Department** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dean of the Faculty** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Registrar CUI** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Notified vide Notification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by Office of Registrar. | | |