****

**FORM: GS-03 (v1)**

**COMSATS University Islamabad**

Application for Rejoining After Leave of Absence

MS ☐ Ph.D.☐

|  |  |
| --- | --- |
| Student’s Name: | Registration # |
| Program: | Department: |
| Campus: | Date of application: |
| Semester to resume studies\*: | Leave of Absence Semester\*: |
| Leave of Absence Notification #: | |

***Note: Please specify the semester and year (e.g. SP24, FA24 etc.)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature**

|  |  |  |
| --- | --- | --- |
|  | **Recommendations** | **Name & Signature** |
| **Supervisor** | **Recommended**  **Not Recommended**  **Approved**  **Not Approved**  **Approved**  **Not Approved** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chairperson/ Head of Department** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Office of Graduate Studies / Academic Section** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Remarks (if any) | | |