



**BUITEMS**

Quality & Excellence in Education

# Graduate Studies Office



## Leave of Absence form

Name of the Student

Name of Principal Supervisor

Department/ Program of Study

CMS-ID

Session

Leave Requested From ..... To.....

**Reason/Justification**

Large empty rounded rectangular area for providing the reason/justification for the leave of absence.

Dated : \_\_\_/\_\_\_/\_\_\_

Signature of the

student : \_\_\_\_\_



**(To be filled by Principal Supervisor)**

A leave of absence has been granted to \_\_\_\_\_

for the period from \_\_\_\_\_ To \_\_\_\_\_

**Dated :** \_\_\_/\_\_\_/\_\_\_\_\_

**Principal Supervisor  
Signature and Stamp** \_\_\_\_\_

**Dated :** \_\_\_/\_\_\_/\_\_\_\_\_

**Dean of Faculty  
Signature and Stamp** \_\_\_\_\_

**Dated :** \_\_\_/\_\_\_/\_\_\_\_\_

**Dean Graduate Studies Office  
Signature and Stamp** \_\_\_\_\_