



Request for Leave

Full Name												
Student ID					-				-			
Date (DD/MM/YY)												
Program	<input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Computer Science						<input type="checkbox"/> Electrical Engineering <input type="checkbox"/> Mathematics <input type="checkbox"/> Physics					
Current Status	<input type="checkbox"/> MS Student <input type="checkbox"/> PhD Student						<input type="checkbox"/> PhD Candidate <input type="checkbox"/> TGS/ABD (Terminal Graduate Student/ All But Dissertation)					

Term for which Requesting Leave	<input type="checkbox"/> Fall			<input type="checkbox"/> Spring			<input type="checkbox"/> Summer		
Academic Year	2	0				-			
Details of Previous Leaves (Leave type and date)									
<input type="checkbox"/> Leave (Casual)	<input type="checkbox"/> Semester Off			<input type="checkbox"/> Withdrawal from Program			<input type="checkbox"/> Other		
<input type="checkbox"/> Medical case <input type="checkbox"/> Death in immediate family <input type="checkbox"/> Extracurricular Activities <input type="checkbox"/> Visa cases <input type="checkbox"/> Other Emergency ATTACH SUPPORTING DOCUMENTS	CGPA: _____ Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical case <input type="checkbox"/> Official Engagement <input type="checkbox"/> Other ATTACH SUPPORTING DOCUMENTS			<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary CGPA: _____ Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical case <input type="checkbox"/> Official Engagement <input type="checkbox"/> Other ATTACH SUPPORTING DOCUMENTS			Explanation:		
Explanation:	Explanation:			Explanation:					

Copy: Student RO Advisor/ Supervisor Department/DGPC



Graduate Program

Syed Babar Ali School of Science and Engineering

Student's Signature:

**Advisor/Supervisor's
Signature:**

<i>For Office use only</i>	Date received by Graduate Program Coordinator:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Date Processed by Graduate Program Coordinator:	Comments:
	Signature of Graduate Program Coordinator:	

Copy:

Student

RO

Advisor/ Supervisor

Department/DGPC