



The Maldives National University

Machchangolhi, Male', Maldives.

Phone 315400; Fax: 315411

Request for Leave of absence

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާއި ދިވެހިރާއްޖޭގެ ބޭރުގެ ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ދަށުން ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާއި ދިވެހިރާއްޖޭގެ ބޭރުގެ ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ދަށުން

3315411 ފަނޑު: 3315400 ފޯން: 3315411

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާއި ދިވެހިރާއްޖޭގެ ބޭރުގެ ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ދަށުން

L10

Your personal details

އަދުވަސް ފޯމުގެ ބަޅަން ފުރިހަމަކުރުމަށް ފަހު ފުރިހަމަކުރުމަށް

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

Course details

އަދުވަސް ފޯމުގެ ބަޅަން ފުރިހަމަކުރުމަށް ފަހު ފުރިހަމަކުރުމަށް

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

Leave of absence details

އަދުވަސް ފޯމުގެ ބަޅަން ފުރިހަމަކުރުމަށް ފަހު ފުރިހަމަކުރުމަށް

Leave requested starting from Reason for Leave of absence State clearly and briefly why you are requesting for a Leave of absence?

Intended return to the study

Declaration

އަދުވަސް ފޯމުގެ ބަޅަން ފުރިހަމަކުރުމަށް ފަހު ފުރިހަމަކުރުމަށް

1. I declare that all the information given in this form and the attached documents (if any) are accurate and true to the best of my knowledge. 2. I agree to conform to the rules and regulations of the University regarding Leave of absence. Date Signature

Recommendation of the Faculty/Centre

އަދުވަސް ފޯމުގެ ބަޅަން ފުރިހަމަކުރުމަށް ފަހު ފުރިހަމަކުރުމަށް

To be filled by the Faculty/Centre I recommend the Leave of absence proposed in this form Stamp Date Name

ACTION COMPLETED - OFFICE USE ONLY

Table with 4 columns: Received by, Date, Data verified and/or updated by, Date. Leave approved by, Date, Date student notified of the result. Date Faculty/Centre notified, Record amended by, Date.