



LEAVE OF ABSENCE FORM

DIN: RUW-OR/W-T-002

RN: 02

ED: 05/11/2018

- Please note:**
- You are advised to check RUW **refund schedule** prior to submitting this request.
 - A student is allowed to apply for Leave of Absence only twice during her course of study at RUW.
 - Leave of absence allows a student to take **up to one academic year/** maximum of two semesters leave from RUW without the necessity to undergo the admission process upon her return.
 - A Student will not be allowed to apply for Leave of Absence if it will obstruct her graduating in the allowed maximum period (8 Years).
- If you plan to take courses at another institution, you should instead inform the Registration office

Student's name: _____ I.D. No.: _____

College: _____ Programme: _____

LEAVE START Academic year: _____ / _____ Semester: 1ST 2ND SUMMER

LEAVE END Academic year: _____ / _____ Semester: 1ST 2ND SUMMER

TENURE OF LEAVE: _____ Number of Leave Attempted: _____

RESUMING Academic year: _____ / _____ Semester: 1ST 2ND SUMMER

I request this leave of absence for the following reason(s):

<input type="checkbox"/> MEDICAL REASONS	<input type="checkbox"/> INTERNSHIP
<input type="checkbox"/> FINANCIAL REASONS	<input type="checkbox"/> EXCHANGE PROGRAMME OFFER
<input type="checkbox"/> FAMILY REASONS	<input type="checkbox"/> CHANGE OF SPONSORSHIP STATUS
<input type="checkbox"/> OTHER: _____	

Student: _____ / _____ / 20
Name (print) Signature Date (DD/MM/YYYY)

Note: the above request shall only be approved upon the approval and confirmation of the sponsoring organization (if any).

Programme Advisor: _____ / _____ / 20
Name (print) Signature Date (DD/MM/YYYY)

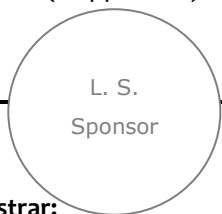
Dean/Director: _____ / _____ / 20
Name (print) Signature Date (DD/MM/YYYY)

Finance Officer: PROCESSED

Name (print) Signature Date (DD/MM/YYYY)

Library: _____ / _____ / 20
Name (print) Signature Date (DD/MM/YYYY)

Sponsor (if applicable) APPROVED REJECTED
Organization/Institution name: _____



Name of person responsible (print) Signature Date (DD/MM/YYYY)

Registrar: _____ / _____ / 20
Name (print) Signature Date (DD/MM/YYYY)