The University of Faisalabad

Leave Form

Name: _____ **Father name:** _____

Registration no: _____ **Program:** _____

Session: _____ **Semester no.:** _____

Address: _____

_____

Contact no.: _____ **Email:** _____

States that, I have to avail leave from _____ to _____

due to *(indicate reasons for leave and attach proper documentary evidence in support to reason, if leave is required on medical grounds or Ex-Pakistan leave etc.)* _____

_____

The leave as requested may kindly be allowed, with the following understandings:-

1. That due to availing leave, I will be marked as on 'Leave' in attendance during above periodto avoid cancellation of my name from University rolls owing to continuous absence;
2. That after availing leave this is my responsibility to complete prescribed percentage of attendance within the remaining available study time, enabling me to sit in examination;
3. That the leave period shall not condone lecture shortage, if any, which might accrue owingto proceeding on leave;
4. That No request for ex-post-facto period, will be submitted;
5. That I, will abide by above understanding and **shall not submit any application to condone lecture shortage, if any, due to availing above leave.**

_____ _____

Student Signature **Date**

Specific Recommendations of HOD/Coordinator : _____

_____

_____ _____

Signature **Date**

Recommendations of Assistant Registrar (SA): _____

_____

_____ _____

Signature **Date**

Above leave entered in ERP and application added in student-concerned file, for record

_____ _____

Signature of dealing Coordination Officer **Date**