SINA INSTITUTE OF NURSING & ALLIED HEALTH SCIENCES QUETTA

STUDENT LEAVE FORM

STUDENT INFORMATION

Full Name:		
Father`s Name:		
Course:	**Session:**	**Total days: _____** **_ _ / _ _ / _ _ _ _ to _ _ / _ _ / _ _ _ _**
Current Address:		
Date:	**CNIC#**	

REASON(S) FOR LEAVE

Medical Leave

Failure to provide a complete and sufficient medical certification may result in a denial of your request.

☐ Illness

☐ Other: _____

Non- Medical Leave

☐ Casual Leave:

☐ Short leave

Student's Signature:_____ **Date: _____**

APPROVAL OF HEAD OF DEPARTMENT

_____

Signature of the Head of Department

APPROVAL OF ACADEMIC DIRECTOR

_____

Signature of the Managing Director