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|  | **Foundation University Islamabad SIALKOT CAMPUS** |  |

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**Leave Application Form for Students**

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 Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_ Batch: \_\_\_

 Semester: Fall / Spring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***State Problem (attach documentary proof wherever required):***

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| Student’s Signature: |  | HOD Signature: |  |

***(For Office Use Only)***

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| Approved /Not Approved:  |
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| **Acknowledgement Receipt : Application Form** |

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| Student Name: |  | Student ID: |  |
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| Recipient Signature: |  | Date: |  |