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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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| Foundation University Islamabad  SIALKOT CAMPUS |
| **Acknowledgement Receipt : Application Form** |

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