



COMSATS University Islamabad
Application for Rejoining After Leave of Absence
MS Ph.D.

Student's Name:	Registration #
Program:	Department:
Campus:	Date of application:
Semester to resume studies*:	Leave of Absence Semester*:
Leave of Absence Notification #:	

Note: Please specify the semester and year (e.g. SP24, FA24 etc.)

Student's Signature

	Recommendations	Name & Signature
Supervisor	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Name: _____ Signature: _____
Chairperson/ Head of Department	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Name: _____ Signature: _____
Office of Graduate Studies / Academic Section	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Name: _____ Signature: _____

Remarks (if any)