REQUEST FOR LEAVE OF ABSENCE

Date:……..…..

ST|21|AR|21

Postgraduate Institute of Archaeology (PGIAR)

1. Student Number #. . . . . 2. Name with Initials: . . . .

3. NIC/Passport # . . . . . 4. E-mail: . . . . . 5. Contact phone: . . . .

6. Name in full: . . . . . .

7. Approved research topic (if relevant): . . . .

8. Principal supervisor's approval (if relevant): . . . .

9. Reasons for 'Request for Leave of Absence: Training| Scholarship | Further Field Work

10. Duration: From . . . . to . . . .

11. Supporting documents:

11.1.

11.2.

12. **Student signature:**. . . . . .

For Office Use

Check if this student has received any Leave of absence previously: 1 , 2 , 3 | Director's approval: . . . . . .

Dear student, Your Request for Leave of Absence has been approved by the Boards of Study of the PGIAR. You must report to AR/Academic's Office on or before (DATE) . . . . . .

AR/Academic signature:. . . . . **Date:** . . . . . .