## Kingdom of Saudi Arabia Ministry of Higher Education Jazan University





## نموذج طلب إجازة

## LEAVE REQUEST APPLICATION

Interns Name		
University Number		
Training Center		
Mobile No		
Number of leave days		
Start Date		
End Date		
Reason:	**please attach supporting documents	
Personal		
Emergency		
**Interview		
**Exam		
**Conference/Workshop	and the second second	
Others		
Signature		
Sent by email		
Date of email		
Remaining Leave Credits *	*to be filled up by interns' secretary	
APPROVED	Interns' Program Director: Name :	
NOT APPROVED	Signature:	
Reason:	Date :	
المرفقات ،	التاريخ:	الرقـم: