



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	
Others	
Signature	
Sent by email	
Date of email	
Remaining Leave Credits *	*to be filled up by interns' secretary

☐ APPROVED

☐ NOT APPROVED

Reason:

Interns' Program Director:

Name :

Signature:

Date :