

INTERNATIONAL UNIVERSITY
OFFICE OF UNDERGRADUATE
ACADEMIC AFFAIRS

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom – Happiness


REQUEST FORM FOR PERMANENT LEAVE

To: The Management Board of IU & Office of Academic Affairs

STUDENT INFORMATION:

Student's full name: Student ID:

Date of birth: Phone number: Email:

School/Department of: Intake:

REQUEST INFORMATION

I would like to make an end of my study program, semester, academic year 20.... - 20.... by reason of:

- ☐ My disability of understanding the lecture in English
- ☐ Weak health
- ☐ My financial difficulties
- ☐

1. Date:

Phone Number:

Student's signature:

2. PARENTS' AGREEMENT

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Date:

Phone number:

Signature:

3. FOR IU LIBRARY (1st floor)

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Signature:

4. ADVISOR'S APPROVAL

After consulting with the student's parents,
I ensure that the student's request for
permanent leave has been approved by the
parents.

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Date:

Signature:

5. SCHOOL/DEPARTMENT'S

APPROVAL

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Date:

Signature:

6. OFFICE OF INTERNATIONAL

ACADEMIC COLLABORATION

(For student of twinning program ONLY)

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Date:

Signature:

7. OFFICE OF STUDENT SERVICES

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Date:

Signature:

8. OFFICE OF ACADEMIC AFFAIRS

Date of receipt:

Date of response:

Signature: