



**HARUN M. HASHIM LAW CENTRE
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

REQUEST FOR STUDY LEAVE

Name : _____

Matric No : _____ Current CGPA: _____

Programme / Batch : _____ Status of study: **PASS** / ____ **PV**

Intake : September _____ (Year) January _____ (Year)
May _____ (Year)

Semester intended to defer: _____ session

Reason(s) : _____

Have you deferred any semester before? **Yes / No**

If yes, state session _____

Signature

Date

- * ***Important reminder. You are allowed to defer maximum 2 semesters only. A deferral fee of RM200.00 will be charged for each semester deferred.***
- ** ***Please attach supporting document(s), if any.***
- *** ***Subject to approval by the Director/Committee Meeting***

FOR OFFICE USE ONLY

Received:

APPROVED / NOT APPROVED

Officer in charge
Date:

Signature:
Date:

Stamp:

Stamp: