



Beirut Arab University
Faculty:
Department:

Leave of Absence Form

Last Name First Name Father's Name Major Degree Student ID

Email Address:

Thesis Title (In English/French): _____

Thesis Title (In Arabic): _____

Current Mailing Address

Building Street.....
 City..... Country.....
 P.O.Box:Telephone #.....

Reason behind Leave of Absence

.....

Address while on Leave

Building Street.....
 City..... Country.....
 P.O.Box:Telephone #.....

Indicate terms you will be on leave. Note: Summers are not counted against leave limits.

From (the beginning of)

To (the beginning of)

Fall/..... (yr)

Spring/..... (yr)

Spring/..... (yr)

Fall/..... (yr)

Student Signature:

Date:/...../.....

Signature below indicates that no university resources will be used during the requested leave and compliance with all other provisions of Continuous Enrollment Policy will be fully met upon approval of the leave.

Advisor Signature:.....	Printed Name:	Date:/...../.....
Department Chairperson Signature:.....	Printed Name:	Date:/...../.....
Dean Signature:.....	Printed Name:	Date:/...../.....

POST GRADUATE OFFICE

- Approved
- Denied

Number of Leave Terms Used _____
 Student must register _____
 (term /year) to maintain Graduate School standing.

Remarks _____

Signature of Post Graduate Office: _____

Date:/...../.....

- Advisor
- Postgraduate office
- Department
- Student