



Registrar's Office
Triq Dom Minotff, Bormla, BML 1013, Malta
+356 2169 6970, registrar@aum.edu.mt

LEAVE OF ABSENCE FORM

To Be Completed by Student Requesting Leave of Absence from AUM. Approved Leave of Absence maintains your student status for up to two (2) semesters.

Date: Student ID:

Student Name:

Current Semester: Semester Returning

Current Academic Program

Reason for Leave of Absence:

[Blank lines for Reason for Leave of Absence]

Student Signature: Date:

Vice President of Academic Affairs

Approved through (semester/year)

Denied

VPAA Printed Name

VPAA Signature Date

Academic Department Name

Signature

Finance Officer / Name

Signature

Processed by Registrar's Office:

Date: RO Staff Name: