The Registrar's Office
Triq Dom Mintoff, Bormla, BML 1013, Malta
+356216970, 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 one (1) semester.

Student Name: …… **Student ID:** ……

Current academic year and Semester: 2024 Spring **Semester Returning** 2024 Fall

College and Specialization: ……

Reason for Absence: ……

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Student signature: …… **Date:** ……..

Academic Advisor comments: ……

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Name: …… **Signature:** …….. **Date:** ……

Student Affairs Department comments: ……

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Name: …… **Signature:** …….. **Date:** ……

Library comments: ……

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Name: …… **Signature:** …….. **Date:** ……

Financial Department comments: ……

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Name: …… **Signature:** …….. **Date:** ……

Provost Office: Approved ☐ Denied ☐

Name: …… **Signature:** …….. **Date:** ……

Processes by Registrar's Office

Name: …… **Signature:** …….. **Date:** ……