



University of Management and Technology

University Leave Form

Tracking ID: _____

I.D. No.:

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 Date: _____

Last Name/Surname: _____ First Name: _____ Middle Name: _____

Program: _____ Semester: Spring /Summer /Fall

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Email: _____ Contact No.: _____

Semester Leave : Spring / Summer / Fall

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State the Reason: _____

Evidence(s) attached Yes No

Participant Signature: _____

Clearance			
Sr. No.	Department	Sign	Stamp
1	Office of Student Success & Retention (OSSR)		
2	Office of Registrar		
3	IPC		
4	Library		
5	Accounts		

(For Office use only)

Office of the Registrar	
Request Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decision:	

Signature: _____	Date: _____