

SOCIALIST REPUBLIC OF VIETNAM

Independence - Freedom - Happiness

**APPLICATION FOR LEAVE OF ABSENCE
AND PRESERVATION OF ACADEMIC PERFORMANCE**

To: - Chancellor of the Saigon International University;
- Academic Office;
- Dean of School of

My full name is:

Date of birth: Place of birth:

Student ID number: Phone number:

Major: Concentration:

Education Type: Course:

Citizen ID number: Date/place of issue:

Place of residence:

I am currently submitting this application to kindly request the University Board to consider and approve of my leave of absence and preservation of academic performance from Semester: - School Year: to Semester: - School Year:

Reason:

.....
.....

I promise to comply with all regulations of the university regarding leave of absence.

Sincerely thank you.

Ho Chi Minh City, / / 20.....

Applicant

(Sign and write down your full name)

APPROVAL OF SCHOOL

Suggest solving:

Allow students to take a leave of absence from Semester:

.../Course ...

Return to school in Semester .../Course ...

.....

Ho Chi Minh City, / / 20.....

APPROVAL OF UNIVERSITY

Approve of student's taking a leave of absence

From Semester: .../Course ...

Return to school in Semester .../Course ...

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Ho Chi Minh City, / / 20.....

Note: *Enclosed with this application, students must submit an academic transcript of semesters that they have studied.*