



Request for Leave

Full Name:

Date Of Birth:

Passport Number:

Nationality:

Length of time requested: days/months

Reason(s) for the Request:

Student's Signature:

Date:

Faculty's Dean's Signature

Approved ☐

Disapproved ☐

Date:

Foreign Students' affairs Head's Signature

Approved ☐

Disapproved ☐

Date:

Kerman University of Medical Sciences

International Affairs Directorate, Level 2 of Building No.1
Medical University Campus, Kerman University of Medical Sciences
Haft-Bagh Highway
Kerman-Iran

Po. Cod: 76169-13555 | Tel: (+98 34) 3132 5834 | Fax: (+98 34) 3132 5830

Email: int.student@kmu.ac.ir | Web: www.kmu.ac.ir/en