



THE AMERICAN UNIVERSITY OF IRAQ
SULAIMANI

MBA LEAVE OF ABSENCE

Date:

Student Name: Student ID Number:

Reason(s) for Withdrawal/Leave of Absence:

Leave of Absence

Date Effective _____

Date Returning _____

Months off _____

AUTHORIZED BY:

MBA Coordinator _____

Bursar _____

- Pay off outstanding debts and fees

Registration and Records Office

Registration and Records Director _____

1. Return ID card to Registration and Records Office
2. Return finished form

Processed by _____

RETURNING *I AM FORMALLY RETURNING FROM MY LEAVE OF ABSENCE*