AMERICAN UNIVERSITY OF IRAQ, SULAIMANI
الجامعة الأمريكية في العراق، السليمانية | زانكۆی ئەمریکی لە عێراق، سلێمانی

APP LEAVE OF ABSENCE REQUEST FORM

AUIS / ACADEMIC PREPARATORY PROGRAM

01 STUDENT AND REQUEST INFORMATION

Student full name: _____	Student ID: _____
AUIS email: _____	Phone: _____
Submission date: _____	Requested effective date: _____
Current APP term: _____	Expected returning term: _____

02 LEAVE REQUEST AND ELIGIBILITY

Reason(s) for leave of absence:

_____

_____

03 DEPARTMENTAL CLEARANCE

Office / location	Required verification	Signature / date
Library B-G-32	Return borrowed books Authorized: Library Manager	Signature: Date:
Scholarship Office A-G-38	Scholarship/sponsored students only Authorized: Scholarship Office	Signature: Date:
APP Director B-F2-37	Confirm no outstanding academic/grade appeals or behavioral/academic integrity matters Authorized: APP Director	Signature: Date:
Student Services A-B1-37	Return office/entertainment rentals; resolve fees, keys, lockers Authorized: Student Services	Signature: Date:
FMD Department A-B1-39	Room check-out, if applicable Authorized: FMD	Signature: Date:
Finance A-G-37	Settle outstanding debts and fees Authorized: Bursar	Signature: Date:

04 STUDENT ACKNOWLEDGMENT

I understand that APP leave of absence is permitted for **ONE APP term only**; APP students may take only ONE leave of absence, and newly enrolled students cannot take leave in their first semester. I understand that failure to return after one APP term results in permanent removal from AUIS, as stated in the existing form.

Student signature: _____	Date: _____

05 REGISTRATION AND RECORDS OFFICE — OFFICIAL USE (A-G-38)

☐ Student ID card returned ☐ Completed form received

Registration and Records Director:	Signature / date:
Processed by:	Processed on: