MULTIMEDIA UNIVERSITY®

Inquire,
Inspire
and
Innovate

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME
APPLICATION FOR LEAVE OF ABSENCE

1. The candidate is required to submit the application for leave of absence at least THREE months in advance to the faculty.

2. The candidate is required to obtain the recommendation from the Supervisors and the Dean of the faculty.

3. Leave of absence must not exceed TWELVE months for each application.

4. The total duration of leave of absence for a candidate shall not be more than 24 months.

5. The candidate must settle all outstanding fees (if any) before applying the leave of absence.

6. Kindly attach the supporting documents with the application to the Faculty.

7. For International Student: - Kindly attach the supporting document as a proof of leaving the country (Malaysia).

8. The candidate is required to obtain the endorsement from the finance division and the library before submitting the application.

PART I: TO BE COMPLETED BY THE CANDIDATE (Please circle the relevant)

FULL NAME: _____   ID NUMBER: _____

PROGRAMME: FACULTY: FOE/ FCI/ FCM/ FOM/ GSM/ FET/ FIST/ FOB
For Structure A : M.Phil. (Mgmt.) / M.Eng.Sc. / M.Sc. (I.T.) /
M.Sc. (C.M.)   Ph.D. (Mgmt.) / Ph.D. (Eng.) / Ph.D. (I.T.) / Ph.D. (C.M.)

For Structure B & C : M.Eng (Tele) / M.Eng (Micro) / M.Eng (Photonics) /
M.Eng (Embedded System) / M.Eng(Advance Manufacturing Mgmt.) /
MBA / DBA / MKM with Multimedia / MKM (E-Learning Tech.) /
M.IT (Multimedia Comp.) / M.Comp.Sc. / M.IT (Info. Sys)

CAMPUS: CYBERJAYA/MELAKA/PSDC/OTHERS   NATIONALITY: _____

MODE OF STUDY: FULL TIME/ PART TIME   GENDER: MALE/FEMALE

DATE OF INITIAL REGISTRATION: ___/___/___   END OF CANDIDATURE: ___/___/___
                              dd mm yr   dd mm yr

EMAIL ADDRESS: _____

CORRESPONDENCE ADDRESS: _____

_____

TITLE OF THESIS/DISSERTATION/PROJECT: _____

_____

LEAVE OF ABSENCE APPLIED FROM: ___/___/___ TO: ___/___/___   DURATION: _____MONTHS
                               dd mm yr   dd mm yr

A **TM** University

INSTITUTE FOR POSTGRADUATE STUDIES

REASON FOR LEAVE (Please tick the relevant):

(1) On medical grounds
☐ The candidate must submit a medical report from the doctor to the Faculty Dean through the Supervisors/Co-Supervisor. Medical Certificate (MC) is NOT acceptable.

(2) Work Commitment
☐ The Candidate who is involved in company activities, such as business trip or outstation assignment must submit a letter from the CEO, Director or immediate superior to the Faculty Dean through the Supervisors/Co-Supervisor indicating the business activities.

(3) Attend and fulfill Course requirements
☐ A candidate may apply for leave of absence to follow another course in Multimedia University or any other institution of higher learning, if the course is a requirement by the Faculty.

(4) On Humanitarian grounds as follows, but not limited to:-
☐ Passing of immediate family member

☐ Financial difficulties

☐ Natural Disaster in hometown or country of candidate

(5) OTHERS:-
☐ Describe the reason: _____

PREVIOUSLY APPROVED LEAVE OF ABSENCE (If any):

NO	FROM (DATE)	TO (DATE)	DURATION (MONTHS)	REASON	COUNTED IN DURATION OF STUDY (YES/NO)

SIGNATURE OF CANDIDATE: _____   DATE: ___/___/___
                                                                dd mm yr

PART II:

ENDORSEMENT BY THE FINANCE DIVISION

The Candidate has **NO** outstanding fees.

Endorsed by : _____   _____

_____   _____
                    (NAME)   (DATE)

Signature and official stamp: _____

ENDORSEMENT BY THE LIBRARY

The Candidate has returned all materials and has **NO** outstanding fees.

Endorsed by : _____   _____
                                        (NAME)   (DATE)

Signature and official stamp: _____

PART III *(for Structure A only)*:

RECOMMENDATION FROM SUPERVISOR AND CO-SUPERVISOR (Kindly tick the appropriate)

SUPERVISOR

☐ RECOMMENDED   ☐ NOT RECOMMENDED

SUPERVISOR'S COMMENTS (If any):

_____

NAME OF SUPERVISOR: _____   SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

CO-SUPERVISOR

☐ RECOMMENDED   ☐ NOT RECOMMENDED

CO-SUPERVISOR'S COMMENTS (If any):

_____

NAME OF CO-SUPERVISOR: _____   SIGNATURE AND OFFICAL STAMP: _____

DATE: _____

PART IV: FOR FACULTY USE

Received and Verified by Faculty Manager/Assistant Manager:-

NAME: _____   SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

Date of Faculty R&D Committee meeting: ___/___/___
                                        dd   mm yr

PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE

Received and Verified by IPS Manager:-

NAME: _____   SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

<u>Note:</u>

(1) The Faculty shall send the form to IPS office after the Faculty R&D Committee meeting.

(2) The Senate shall consider the leave of absence upon recommendation from the Faculty R&D Committee through the Board of Postgraduate Studies.