Application Form of Asking for Leave

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| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |
| Student ID |  | | | Gender | 🞎Male 🞎Female | |
| Phone No. |  | | | Emergency Contact | |  |
| Destination | | |  | | | |
| Period of Leave | | |  | | | |
| Reason in details | | I accept and strictly abide by relevant regulations of IMR & USTC. I will keep in touch with graduate school of IMR, and pay attention to my personal and property safety.  Signature:  Date： | | | | |
| Supervisor’s Comment | | Signature：  Date： | | | | |
| IMR’s Comment | | Signature：  Date： | | | | |
| Register after  coming back | | Signature：  Date： | | | | |
| Notes | |  | | | | |