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 |  |