Letter of Permission for Educational Leave of Absence

* This form is to be completed by Original Affiliation or Related Authorities:

Name of Original Affiliation……………………………………………………………………………………………………………

Position of Original Affiliation…………………………………………………………………………………………………………

Company of Original Affiliation …………………………………………………………………………………………………….

* This Letter is to confirm the Permission for Educational Leave of Absence for:

Mr./Miss/Ms./Mrs.………………………………………………………………………………………………………………………......

* Type of Education Leave.

□ With pay.

□ Without pay.

* Obligation of the Student with the Original Affiliation.

□ No, obligation.

□ Part-time workload: with the requirement of…………………………………....……hours per week.

□ Full-time workload: with the requirement of…………………………………....……hours per week.

* Does the Original Affiliation Grant the Scholarship for the Student’s Ph.D. Study?

□ Yes, in the amount of………………………………………………………………………..…………….per semester.

□ No.

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| ………………………..………..………..……………  (………………………….…….…….……………….)  Signature of Authority  Date …......../……….…..…/…..…..….. |