



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.

.....  
(.....)

Signature of Authority

Date ...../...../.....