

STUDENT LEAVE REQUEST

This form can be used by students to request a leave of absence or withdrawal from a semester. Students may drop/ withdraw from all registered courses by the announced deadline for a justifiable cause, including but not limited to: health/family issues, study abroad, and/or personal circumstances.



عضو في مؤسسة قطر
Member of Qatar Foundation

LEAVE OF ABSENCE POLICY

1. Students who desire a leave of absence must submit a justified and signed request to the Registrar Office.
2. The request must include a plan to complete all degree requirements within the time established for the degree category.
3. Students on leave do not qualify for scholarships and/or financial aid.
4. The maximum allowable leave of absence is two terms (excluding summer). Exceptions may be granted by the provost under extenuating circumstances.
5. Graduate students intending to resume studies must register for the term they wish to return.
6. The time spent on leave is included in the maximum time limit allotted for the completion of the degree.
7. Graduate students on leave are not allowed to take courses at HBKU.



☐ I acknowledge that I read the policy.
(Scan the code to see the policy)

STUDENT INFORMATION

Student Full Name	Student ID
College	Program
Concentration	

LEAVE TYPE

- ☐ **Leave of Absence (LoA)** can be requested before the end of the second week of the commencement of the classes.
- ☐ **Withdrawal from semester** can be requested starting from the third week of the semester until the end of the eight weeks.

REASON(S) FOR LEAVE OF ABSENCE/ WITHDRAWAL FROM SEMESTER

- ☐ Personal/Medical ☐ Military ☐ Financial ☐ Other: _____

Do you have a scholarship/tuition waiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please write sponsor information.	<input type="checkbox"/> HBKU	<input type="checkbox"/> Other: _____

Student Signature	Date (DD/MM/YYYY)
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CHECKLIST

- | | | |
|--------------------------------------------------------------|------------------------------|-----------------------------|
| Student Previously Discontinue Registration | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student on Academic Probation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student Potential to Graduate by the End of the Current Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

APPROVAL

Department	Name	Signature	Date	Remarks
Registrar Office				
Academic Advising				
Students Affairs				

Upon completion of this form, please return to the HBKU Registrar's Office – Minaretein, Education City.
For more information, please send an email to records@hbku.edu.qa, or call +974 4454 0378.

FOR REGISTRAR'S OFFICE ONLY

Reviewed by	Signature	Date (DD/MM/YYYY)
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[Click here to see the Academic Policies](#)