



UNIVERSITY OF MINES AND TECHNOLOGY TARKWA

PERMISSION TO TRAVEL

Senior/Junior Staff

Name:

Status:

Dept. / Section:

Date(s) of Absence:

Number of day(s):

Reason(s) for the Journey:

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.....

Applicant's Signature: Date:

Permitted by: Approved by:
Head of Dept/Section/Unit **Registrar**

Date: Date:



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