



UNIVERSITY OF MINES AND TECHNOLOGY TARKWA

PERMISSION TO TRAVEL

Senior Members

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 Department

Vice Chancellor

Date:

Date:



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