

UNIVERSITY OF MINES AND TECHNOLOGY TARKWA

PERMISSION TO TRAVEL Senior/Junior Staff

Date:	Date:
Permitted by:	Approved by:
Applicant's Signature:	Date:
Reason(s) for the Journey:	
Number of day(s):	
Date(s) of Absence:	
Dept. / Section:	
Status:	
Name:	



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Applicant's Signature:		Date: .	
Permitted by:		Approved by:	
Head of Dept	t/Section/Unit		Registrar
Date:		Date:	