



Travel Permission

For: Student Name HERE

Our Ref ** :

To whom it may concern

Dear Sir/ Madam,

I Supervisor Name HERE confirms that the above named has been given permission to travel to Start date:/...../..... End date:/...../..... Total of Day(s). Also I confirm that the permitted period will not affect his progress of study. If you have any further enquires, please do not hesitate to contact me on:

Supervisor Email* :

Supervisor Office Telephone no* :

Regards

Supervisor Signature: Date: /...../.....

Registration office Stamp:



Remarks:

* Compulsory information

** Our reference is the student file number within cultural Attache' Please ask the student.

Please send this to : Fax: 02075812393 OR via email : travelpermission@libyanembassy.org