

Application – Leave of Absence

Student Name			
Student Number		Date	
Current address		Contact Number	Home:
			Mobile:
Course Name			

Period of Leave Requested							
From		/	/	To		/	/
	First day of leave period Day of the week	Date			Last day of leave period Day of the week	Date	

Example: From: Monday 1/7/2024 To: Friday 5/7/2024

Reason for applying leave:

Attached Documents:

Recommendation

Approved by Signature		Position	
I Do / Do Not recommend the above period of leave (*Cross out whichever is not applicable)		Date	

Reason for non-recommendation:
