

LEAVE REQUEST FORM

STUDENT NAME:	
STUDENT ID:	DATE OF BIRTH:
COURSE NAME:	

REQUESTED LEAVE TO TAKE EFFECT FROM	
LEAVE DATE:	RETURN DATE:

GROUNDS FOR DEFERMENT OR SUSPENSION	
<input type="checkbox"/> MEDICAL REASONS	<input type="checkbox"/> OTHER REASONS
Please provide the reason for your Leave request:	

SUPPORTING DOCUMENTATION ATTACHED (original or certified copy)		
<input type="checkbox"/> MEDICAL CERTIFICATE	<input type="checkbox"/> SUPPORTING DOCUMENTATION	<input type="checkbox"/> COPY OF DEPARTURE TICKET
STUDENT SIGNATURE:		DATE:

OFFICE USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Student advised of the outcome: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Up-dated on the Student Management System:	DATE
NAME & SIGNATURE:	DATE: