

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
<i>Example: From: Monday 1/7/2024 To: Friday 5/7/2024</i>					

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:			

