



APPLICATION FOR LEAVE

APPLICANT DETAILS

Title: _____ Surname: _____ Other Names: _____

Student ID: _____ Degree: _____

Address: _____

Phone No. _____ Email: _____

Major Study: _____ Stage/Year _____

ARE YOU AN INTERNATIONAL STUDENT? Yes No

For which semester(s) are you applying for leave of absence? (indicate below)

Semester	Year

Have you previously been granted leave of absence?

Yes No

Please give details:

Semester	Year

PLEASE INDICATE YOUR REASONS FOR APPLYING FOR LEAVE:

Signature: _____ Date: _____

Faculty Office Use

Approved

Not Approved

Comments:

Assoc. Dean Signature: _____ Name: _____ Date: _____

- Update Flexsis
- Add to Reports
- Send Letter
- Move File