



APPLICATION FOR SPECIAL LEAVE (Length of leave 4 weeks maximum per semester)

APPLICANT DETAILS

Title: _____ Surname: _____ Other Names: _____

Student ID: _____ Degree: _____

Address: _____

Phone No. _____ Email: _____

Major Study: _____ Stage/Year _____

ARE YOU AN INTERNATIONAL STUDENT?

Yes

No

Length of leave requested:

Have you already taken special leave or been absent due to illness?

From:

If so, for how long?: _____

To:

PLEASE INDICATE YOUR REASONS FOR APPLYING FOR LEAVE:

Signature: _____ Date: _____

Year Co-ordinator: Comments

Please indicate the nature of any extra work assigned to the student to compensate for work missed during the absence. This should include Theories of Art Practice, Studio Theory and Studio Major.

Approved

Not Approved

Signature: _____ Name: _____ Date: _____