

LEAVE APPLICATION FORM

Date: _____

Student Name (Full Name) _____ Programme Name: _____

Leave application from: _____ to _____ Number of days of leave taken: _____

Reason

Sick Leave Social/Holidays Others, please specify below

Signature: _____

Date received

APPROVAL

Date: _____

Status of Application

Approved

Not approved

Academic Director: (Name) _____

Student is required to provide official documents with application. e.g. sick leave – medical certificate; funeral – death certificate; leave requiring student to travel overseas – copy of flight itinerary