

**Leave of Absence Request (LOA) Form**

<input type="checkbox"/> <b>Medical Certificate</b>
<input type="checkbox"/> <b>Airline Ticket</b>
<input type="checkbox"/> <b>Letter from Student</b>
<input type="checkbox"/> <b>Other Documentation</b> (Please specify :.....)

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course: \_\_\_\_\_ Fees status: \_\_\_\_\_

Leave duration (from & to date): \_\_\_\_\_ Back to class date: \_\_\_\_\_

**Reasons for / details of request:** *(Please attach copies of documentary proof if applicable.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: All required documents must be provided within 7 days of submitting this form. Failure to do so may result in your LOA being disapproved.**

**FOR ADMINISTRATIVE USE ONLY:**

Student Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_ Signature: \_\_\_\_\_

Application Status:     Approved     Rejected

Approved By: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ date: \_\_\_\_\_

**Note: All required documents must be provided within 7 days of submitting this form. Failure to do so may result in your LOA being disapproved.**