

Student Leave Request

This form is to be used by students for all leave applications including medical leave. All medical leave applications must be supported by a valid medical report and submitted the Registration and Student Affairs Department.

I am writing to request a leave from the university due to

Please give a valid reason:

Attachment/s: _____.

Student Full Name: _____ Student ID: _____.

Department: _____.

Period of Leave: Starting from _____ to _____.

Total Days: _____ Date: / /

AY: _____ Semester: _____.

Student's Signature: _____.

Approved

Disapproved.

Remarks:

Date: / /

Signature: