Student Leave Request

This form is to be used by students for all types of leave applications, including medical leave. For medical leave applications a valid medical report must be attached, and the application must be approved by the University Clinic. The completed forms must all be submitted to the Registration Department.

I am writing to request a leave from the university due to (please give a valid reason):

Student Full Name: _____. Student ID: _____. Date: / /

Department: _____. Student Stage_____.

Period of Leave: Starting from_____ to_____ Total Days: _____.

AY: _____. Semester: _____.

Attachment/s: _____. Student's Signature: _____.

Head of Department

Remarks:

_____

_____

Name and Signature: _____. Date: _____.

Registration

☐ Approved ☐ Disapproved.

Remarks:

_____

_____

Signature: _____. Date: _____.