



Leave of Absence Application Form

Student Details

Name		D.O. B	
Contact Phone		Student ID	
Course/Group			

NOTE: Your requested leave of absence **MAY NOT EXCEED TWO CALENDAR WEEKS** in a designated study period. If compassionate or compelling circumstances require you to take a longer leave, you must submit a **Deferral and Allowable Suspension of Studies** form.

Leave Required/Period	From		Total Number of Days	
	To			
Reason(s) for taking Leave <i>(Please provide as much details as possible)</i> Note: Attach any supporting documents with this form as applicable				
During your leave, your status will be	<input type="checkbox"/> Onshore		<input type="checkbox"/> Offshore	
Student Declaration and Signature	<i>All the information I have provided in this form is true and accurate. I also understand that this leave of absence may impact your course progress.</i>			
	Signed:			Date:

Office use only

Received by		Date:	
Decision	<input type="checkbox"/> Leave Granted	From	to
	<input type="checkbox"/> Leave Not Granted	Reason:	
Signature		Date:	
Follow-up Action	If granted, forward the signed form to the Student Student Admissions Officer for an update of the student record. If declined, advise the student of the outcome in writing.		