

## **Leave of Absence Application Form**

Leave of Absence Application Form							
Student Details							
Name				D.O. B			
Contact Phone	Contact Phone			Student ID			
Course/Group							
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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				al mber	
		То		-		Days	
Reason(s) for taking Leave (Please provide as much details as possible)  Note: Attach any supporting documents with this form as applicable							
During your leave, your status will be		Onshore	Offshore				
Student Declaration and Signature		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.					
_		Signed:			Date:		
Office use only							
Received by				Date:			
Decision		Leave Granted		From to			
		Leave Not Granted Reason:					
Signature					Da	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.					