

APPLICATION FOR LEAVE OF ABSENCE

NATIONALITY: .....

STUDENT IDENTIFICATION NUMBER: ..... YEAR OF ENTRY: .....

(Mr/Mrs/Miss)NAME .....  
 LAST NAME FIRST NAME MIDDLE INITIALS MAIDEN NAME

HOME ADDRESS: .....

TELEPHONE NO: (Home)..... (Work) ..... (Cell) .....

PROGRAMME/MAJORS: .....  FULL-TIME  PART-TIME

LEAVE OF ABSENCE REQUESTED DURING: YEAR ..... ( ) SEMESTER 1 ( ) SEMESTER 2

**COURSES IN WHICH YOU ARE CURRENTLY ENROLLED**

SEMESTER	COURSE CODE	COURSE NAME	SEMESTER	COURSE CODE	COURSE NAME

**LEAVE REQUESTED**

**(Leave cannot exceed one year)**

DATE OF REQUESTED LEAVE: ..... DATE OF RETURN TO CLASSES: .....

REASON FOR REQUEST: .....

Student's Signature ..... Date: .....

**PLEASE NOTE: Supporting documents must be attached.**

**TO BE COMPLETED BY DIVISIONAL/DEPARTMENTAL HEAD(S) AND COUNSELLOR**

APPROVED		DIVISIONAL/DEPARTMENTAL HEAD(S) AND COUNSELLOR	DATE	COMMENTS
YES	NO			

**FOR OFFICIAL USE ONLY**

.....  
 REGISTRAR

.....  
 DATE

.....  
 CLERK/TYPIST

.....  
 DATE