

CENTRE FOR DEGREE PROGRAMME SPACE STUDENT LEAVE APPLICATION FORM

(To be completed in 3 copies)

Instruction:

- 1) This form must be completed in **three (3) copies** (1 copy for office use, 1 copy for Academic Advisor, 1 copy for student).
- 2) This form must be signed by the lecturers involved.
- 3) Student must provide a copy of this form to each lecturer involved.
- 4) Please provide proof (formal letter, medical certificate, etc.) to support leave approval.
- 5) Submit your application form five (5) days before the holidays and ensure that you get the approval before the holidays.

| Student and Leave Details | |
|---------------------------|---------------------------------------|
| Student Name | |
| Year/ Program | |
| IC/Passport No. | |
| Reason for Leave | |
| Total No. of Days | _____ days |
| Dates of Leave | From ____/____/____ to ____/____/____ |
| Telephone No. | |

Since I will be on leave for a few days, I am responsible to

Student's Signature : _____

Date : _____

Please obtain the required information below:

| Date | Course Code | Lecturer's Name | Status | | Signature |
|------|-------------|-----------------|-------------|-----------------|-----------|
| | | | Recommended | Not Recommended | |
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APPROVED / NOT APPROVED

No. of days approved for leave : _____ days

Date of leave : From ____/____/____ to ____/____/____

Signature of Chair/Deputy Chair

Date: _____