

Application for Leave

Student details

Name of the Student														
Registration Number							Contact Number							
E- Mail														
Current Semester			Level			Semester			Department					
Degree Programme			B. Arch		BLA		BSc. QS		BSc. FM		BSc. T&CP		B.Des	
Previous leave applications (Reference numbers in reverse chronological order)														

Details of Leave Requested (tick the appropriate boxes)

Leave for Long Duration ¹		on	MG Medical Grounds
Leave for Short Duration ²			CG/OG Compassionate Grounds/ Other Grounds
			OG Official Representation

Leave Duration (dd/mm/yy)		Level	Semester		Local	Overseas	Within the Semester		Vacation	
							Weeks:	Days:	Weeks:	Days:
From	To		1	2						
		1	1	2						
		2	3	4						
		3	5	6						
		4	7	8						
		5	9	10						

Reasons for leave³:

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1. I understand, accept and agree to take the responsibility to cover any missed academic activities during my absence.
2. I have reviewed my application and certify that everything I have stated is true.

.....
 Signature of the Student Date (dd/mm/yyyy)

Confirmation of Authorised Person⁴ (Only for leave on Medical or Official Representation Ground)		
Recommended/Not recommended		MG
Remarks/Reasons ⁵ :		OG
.....		
Signature of Authorised Person	Official Stamp	Date
For Department Use Only		
Number of days falling in semester period given by the student is correct / incorrect.		
Leave Recommended/Not recommended		MG
Remarks/Reasons ⁵ :		CG/OG
.....		OG
Signature of the Year Coordinator		Date
For Department Use Only		
Recommended/Not recommended		
Remarks/Reasons ⁵ :		MG
.....		CG/OG
Signature of Head of the Department	Official Stamp	Date
For Undergraduate Division Use Only		
Recommended/Not recommended		
Remarks/Reasons ⁵ :		MG
.....		CG/OG
Signature of Director UGS		Date

- 1 Maximum of two consecutive semesters
- 2 Maximum of 21 calendar days per 15 week semester, includes weekends and holidays
- 3 Use a separate sheet for additional information and attach supporting documents as applicable
- 4 Medical Officer or relevant Officer-In-Charge (e.g. Director Physical Education for sports events)
- 5 Please write legibly, state and use a separate sheet if more space is required