Reference Number [   ]

Application for Leave

Student Registration Number [ ][ ][ ][ ][ ][ ][ ]
Name of the Student [   ]
Contact Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Current Semester Batch [ ] Level [ ] Semester [ ]
Name of the Degree Programme [   ]
Previous leave applications (Reference numbers in reverse chronological order)
[   ]

Details of Leave Requested (tick the appropriate boxes)

Leave for Long Duration[1]		on	Medical Grounds	
Leave for Short Duration[2]			Compassionate Grounds	
			Official Representation Grounds	

Leave Duration (dd/mm/yy):		Local	Overseas	Total
From: *To:*		W: D:	W: D:	W: D:
Period of leave falling in	**Semester:** *weeks* *days*	**Vacation:** *weeks* *days*		

Reasons for Leave[3]:

....
....

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/yy): [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Confirmation of Authorized Person[4] (Only for leave on Medical or Official Representation Ground)
Recommended / Not Recommended
Remarks / Reasons[5]:
Date (dd/mm/yy):
…………………………………….. Signature of Authorized Person   Official Stamp   [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
For Department Use Only
Number of days falling in semester period giving by the student is correct / incorrect
Leave Recommended / Not Recommended.
Remarks / Reasons[5]:
Date (dd/mm/yy):
……………………………………… Signature of Academic Advisor   [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
Recommended / Not Recommended
Remarks / Reasons[5]:
Date (dd/mm/yy):
……………………………………… Signature of Head of the Department   Official Stamp   [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
For Undergraduate Division Use Only
Recommended / Not Recommended
Remarks / Reasons[5]:
Date (dd/mm/yy):
……………………………………… Signature of Director UGS   Official Stamp   [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
Received on   Faculty and Senate Memo Number:

Notes :

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