Faculty of Architecture

Reference Number L

## **Application for Leave**

Student details				<u> </u>	<u> </u>		<u></u>										
Name of the Student																	
Registration Number						Contact N	umber										
E- Mail																	
Current Semester	L	S		Depa	rtment												
Degree Programme	B.Ar			BLA		BSc.Qs		В	Sc.FM		BS	Sc.T&	СР		B.D	es	
		rence numbers in reverse chronological order)															
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Details of Leave Requested (t	ick the	appro	opriate	boxe	es)												
Leave for Long Duration <sup>1</sup>				on		MG	М	ledic	al Gro	unds							
Leave for Short Duration <sup>2</sup>									assion	onate Grounds							
						OG	Of	fficia	al Repr	esent	ation	Grou	unds				
Leave Duration (dd/mm/yy):			Le	evel	Ser	nester	Loca			(	Overs	eas				1	Total
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				2	3	4	D:			[	D:						
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				4	7	8	W:				N:				<u> </u>	-	
				5	9	10	D:				D:						
Reasons for leave <sup>3</sup> :			-														
1 Lunderstand accept and					cibility 4			 		 							
<ol> <li>I understand, accept and</li> <li>I have reviewed my application</li> </ol>	-			-	-		-			ic act	ivities	aur	ing m	y ab	sen	ce.	
2. Thave reviewed my appli			er tiry ti	atev	erytning	g i nave sta	iteu is i	liue	•								
Signature of the Student								Da	te (dd/	mm/	<i>,</i> yyy):						
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	Person <sup>4</sup>	(Only	ı for lea	ave o	n Medic	cal or Offic	ial Rep										
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Signature of the Student Confirmation of Authorised F		(Only	r for lea	ave o	n Medio	cal or Offic	ial Rep										MG CG
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<sup>1</sup> Maximum of two consecutive semesters

<sup>2</sup> 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)

<sup>5</sup> Please write legibly, state and use a separate sheet if more space is required