



STUDENT LEAVE APPLICATION FORM

Student Name: _____

Student ID: _____

Reason for Leave:

Period of Leave:

No. of days

From

To

Supporting Documents Provided

Medical certificate

Air tickets

Parent's letter of Consent

Signature of Student : _____

Date : _____

Approved / Not Approved

Academic Manager's Signature: _____

Date : _____

FOR SSA OFFICIAL USE ONLY

<u>SSA SIGNATURE</u>	<u>DATE OF SUBMISSION</u>	<u>TIME</u>