



**STUDENT LEAVE APPLICATION FORM**

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Course Code: \_\_\_\_\_

Module ID: \_\_\_\_\_

Reason for Leave:

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Period of Leave:

No. of days: \_\_\_\_\_

From : \_\_\_\_\_

To : \_\_\_\_\_

Supporting Documents Provided

Air tickets

Parent's letter of Consent

Signature of Student: \_\_\_\_\_

Date : \_\_\_\_\_

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Approved / Not Approved:

Academic Director's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

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