



STUDENT LEAVE FORM

Student Name:		Student ID:	
Course Code:		Module ID :	
Reason for Leave:			
No. of Days :	From :	To :	
Supporting Documents: <input type="checkbox"/> Air tickets <input type="checkbox"/> Parent's letter of Consent <input type="checkbox"/> NS- Letter <input type="checkbox"/> Others _____ Air Tickets _____			
Signature of Student:		Date:	
For Office use :			
Approved / Not Approved			
Approver Signature: _____		Date : _____	