



Leave of Absence Form

Student details

First Name (s):		Family Name:	
Student ID:		Date of Birth:	/ /
Email:		Phone Number:	

Course Details

Course Name:	
--------------	--

Leave of Absence

No. of days absent:	
---------------------	--

Reason for Leave of Absence

Student Signature:		Date:	/ /
--------------------	--	-------	-----

Note

- If the leave of absence request is approved, the student will receive an email.
- If the leave of absence request is denied, the student will receive an explanation of the decision from the Admissions Office.