

LEAVE OF ABSENCE FORM

Student Details

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

Course Details

Course Name:	
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Leave of Absence

No. of days absent:	
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Reason for Leave of Absence

Student Signature:		Date:	/ /
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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.