



STUDENT LEAVE APPLICATION FORM
To be filled in 2 (Two) Copies

NAME OF STUDENT			
IC /ISID NO		MATRIC NO	
YEAR PROGRAMME			

A. TO BE FILLED BY STUDENT

Applying leave for days commencing until

Reason for leave application :-

.....
.....

From my understanding on the particular day, I * **have/don't have** examination/test/quiz for the following course :-

- i) ii)
iii) iv)

*** REMINDER : PLEASE FILLED THE ATTACHED FORM**

Address during leave :

.....
.....
.....

Tel No :

Student Signature : Date :

B. FOR OFFICIAL USE

Your leave application for days commencing until

*is **approved/not approved** subject to the following conditions :-

<input type="checkbox"/>	Official Leave	<input type="checkbox"/>	Personal Leave and Own Responsibility
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(please tick ✓ the appropriate box)

***DEPUTY DEAN OF ACADEMIC/ACADEMIC ADVISOR**

Name :

Signature :

Date :

