Leave of Absence Application Form

Leave of Absence Application Form

Student Details

Name		**D.O. B**	
Contact Phone		**Student ID**	
Course Name		**Last attended class date**	

NOTE: Your requested leave of absence **MAY NOT EXCEED TWO CALENDAR WEEKS** in a designated study period. If compassionate or compelling circumstances require you to take longer leave, you must submit a **Deferral and Allowable Suspension of Studies** form.

Leave Required/Period	From		**Total Number of Days**	
	To			
Reason(s) for taking Leave (*Please provide as much details as possible*) **Note**: Attach any supporting documents with this form as applicable				
During your leave, your status will be	☐ Onshore	☐ Offshore		
Student Declaration and Signature	***All the information I have provided in this form is true and accurate. I also understand that this leave of absence may impact your course progress.***			
	Signed:		Date:	

Office use only

Received by		Date:	
Decision	☐ Leave Granted	From to	
	☐ Leave Not Granted	Reason:	
Signature		Date:	
Follow-up Action	If granted, forward the signed form to the Student Admissions Officer for an update of the student record. If declined, advise the student of the outcome in writing.		
Last Attended Class Date		**Student Admin File Update:** **Notify the Student by Email:** **Leave of Absence Register Update:** **Updated on the PRISMS:**	