

1. STUDENT DETAILS			
Name:		Student ID:	
Email:		Mobile:	
Current Course:		Intake:	

2. REQUEST DETAILS <i>(fill in the relevant details and provide supporting documents as required)</i>			
I wish to request for leave for the following dates:			
Leave start Date:			
Return Date:			
Reason:			
Supporting Documents	1. 2. 3. 4. 5.	6. 7. 8. 9. 10.	

<input type="checkbox"/> <i>I acknowledge the details and supporting documents I provided above are correct and genuine.</i> <input type="checkbox"/> <i>I understand and am aware that by taking this leave, it may affect my attendance, grades, student visa and other student obligations.</i> <input type="checkbox"/> <i>I take full responsibility of the consequences of my actions during my absence.</i>
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Student's Signature:		Date:	
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Received By: (Print Name)		Date:	
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Approved By: (Print Name)		Date :	
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