

Leave of Absence Request (LOA) Form

☐ Medical Certificate
☐ Airline Ticket
☐ Letter from Student
☐ Other Documentation (Please specify :.....)

Student Name: _____

Student ID: _____ Date of Birth: _____

Current Address: _____

Home Phone No.: _____ Mobile Phone No.: _____

Email Address: _____

Course: _____ Fees status: _____

Leave duration (from & to date): _____ Back to class date: _____

Reasons for / details of request: *(Please attach copies of documentary proof if applicable.)*

Note: All required documents must be provided within 7 days of submitting this form. Failure to do so may result in your LOA being disapproved.

FOR ADMINISTRATIVE USE ONLY:

Student Name: _____ Date Received: _____

Received By: _____ Signature: _____

Application: ☐ Approved ☐ Rejected

Action Taken By: _____ Signature: _____

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