

Leave of Absence (LOA) Form

F-2.6.1v2



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

Fees status: _____

Student Name: _____

Student ID: _____ Date of Birth: _____

Current Address: _____

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

Email Address: _____

College: _____

Course: _____

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.

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FOR ADMINISTRATIVE USE:

Student Name: _____ Date Received: _____

Application for _____

Received By: _____ Signature: _____

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.