



LEAVE OF ABSENCE FORM

Student Details

First Name (s):		Family Name:	
Student ID:		Date of Birth:	/ /
Email:		Phone Number:	

Course Details

Course Name:	
--------------	--

Leave of Absence

No. of days absent:	
---------------------	--

Reason for Leave of Absence

Student Signature:		Date:	/ /
--------------------	--	-------	-----

Note
 If the leave of absence request is approved, the student will receive an email.
 If the leave of absence request is denied, the student will receive an explanation of the decision from the Admissions Office.