

**Leave of Absence Request (LOA) Form**

<input type="checkbox"/> <b>Medical Certificate</b>
<input type="checkbox"/> <b>Airline Ticket</b>
<input type="checkbox"/> <b>Letter from Student</b>
<input type="checkbox"/> <b>Other Documentation</b> (Please specify :.....)

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course: \_\_\_\_\_

Fees status: \_\_\_\_\_

**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:** \_\_\_\_\_

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.**