



Application for Leave

Notes: <ul style="list-style-type: none"> ▪ No request for leave will be processed until this form is fully completed. ▪ A medical certificate or supporting documentation are required if requesting leave on medical grounds ▪ Your Tuition fees must remain up to date ▪ Keep your contact details with us up-to-date ▪ Continue to check your emails for any updates
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Section 1 : Personal Details

Name		Student ID	
Email		Mobile	
Current Course			
Dates for Leave:	From ___/___/_____	To ___/___/_____	Total no. of days: _____

Section 2: Reason for leave

<input type="checkbox"/> Medical	<input type="checkbox"/> Travel	<input type="checkbox"/> Other
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If Other: _____

I have attached Supporting Documents of my request with this application

Section 3: Student Declaration

I, _____, hereby declare that the information contained in this application is true and correct to my knowledge.

Signature		Date	
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Section 4 : Office Use Only

Form Received By		Form Received Date	
Application Outcome: Approved <input type="checkbox"/>	Declined <input type="checkbox"/>	Student advised by: Email <input type="checkbox"/>	Phone <input type="checkbox"/>
Update PRISMS: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Update SMS: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff Signature		Date	