

For Office Use only

Serial Number :

Staff Name :

Section A: (To be completed by student)

Name of Student: _____ Student ID No: _____

Level of Study : EEP / Foundation / **Bachelor** / Masters / PhD * Contact No.: _____Faculty / Centre: **LKC FES** Programme / Stream: _____Leave Period: From _____ to _____ () days
(date/mth/yr) (date/mth/yr)

Address during leave: _____

Reason for leave application: _____

Hours of Lecture(s) / Practical(s) / Tutorial(s) / Midterm Test(s) missed during leave:

Date	Time From	Time To	Subject Code	Subject Name	Lecturer's / Tutor's Name

Date: _____ Signature of student: _____

NOTE: STUDENT MUST ATTACH SUPPORTING DOCUMENTS eg. MC, etc. within 3 working days.**Section B:**

Leave has/has not* been approved

Comments: _____

Date: _____ Head of Department/Director of IPSR/CEE/CFS/Dean of Faculty: _____

Section C : (To be completed by student)

Name of Student: _____ Programme / Stream: _____

This is to inform you that your application for leave from : _____ to _____ () days
has / has not* been approved.

Date: _____ Head of Department / Director of IPSR / CEE / CFS: _____

*** Circle whichever is applicable****For Office Use only**

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