

STUDENT REQUEST OF ABSENCE / LEAVE FORM

Student Name: _____ Student ID: _____

Course Code: _____ Intake date: _____

Course Name: _____

Request for Leave from: (dates) _____ to _____

Reason:

e.g. Compassionate grounds / Compelling grounds

Evidence:

e.g. Air-ticket, Genuine Medical Certificate, Death Certificate (PLEASE ATTACH THE EVIDENCES WITH THIS FORM)

I apply for the above leave and understand that I must provide evidence as required to Pal Education.

Signature: _____ Date: _____

Leave of absence noted and received by: _____

Signature: _____ Date: _____