



**Application for Leave**

|                         |  |
|-------------------------|--|
| Student Name            |  |
| Student ID No.          |  |
| Course / Class Enrolled |  |

|  |  |
|--|--|
| Reason for requested leave:  |  |
| Proposed duration of leave   |  |
| If travelling overseas, please specify the destination                                   |  |
| Date of Departure<br><i>*first day of leave</i>  |  |
| Date of Return<br><i>*first day returning to study</i>                                   |  |
| Additional Information <i>if needed add additional information in the space provided</i> |  |

|                     |  |
|---------------------|--|
| Student Name        |  |
| Signature           |  |
| Date of Application |  |

**For Office Completion Only**

**Comments:**

- Leave Approved
- Leave Declined

Name:

Position:

Signature:

Date: