

Universiti Tunku Abdul Rahman			
Form Title : STUDENT LEAVE APPLICATION FORM			
Form Number : FM-CFS-PK-04	Rev No: 0	Effective Date: 01/06/2011	Page No: 1 of 1



UNIVERSITI TUNKU ABDUL RAHMAN
CENTRE FOR FOUNDATION STUDIES, PERAK CAMPUS

STUDENT LEAVE APPLICATION FORM

SECTION A* **Leave Apply for :** (**1: MC** **2: Compassionate** **3: Others**)

1. Name : _____ **Std. ID** : _____

2. Yr of Study** : Yr 1 Sem (1, 2, 3) **Course** : (Arts /Sc) **Tut. Grp** : _____

3. Leave Period : From : _____ To: _____ **No of Day(s)**: _____

4. Addr During Leave : _____ **Contact No** : _____

5. Reason for Leave : _____

(For Type "Others" Only) For medical & compassionate leave, please attach docs

6. Class(es) : _____

Affected

(Eg: 12/10/2011 FHHM1012 (L) 2-4pm) Use separate sheet if space is insufficient

7. Test / Mid-term Exam / & Assignment Affected _____

(Eg: 10/10/2011 FHHM1012 2-4pm - Test)

8. Note : **If accumulated leaves for "others" > 20%, the student may be barred from sitting Examinations.**

Student's Signature

Date: _____

Director/Dep. Director/HOD

Date: _____

STUDENT'S COPY OF LEAVE APPLICATION

SECTION B*

Name : _____

Leave Period : From: _____ To: _____

No. of Day(s) : _____

* To be completed by student

** Select whichever appropriate

8. Note : **If accumulated leaves for "others" > 20%, the student may be barred from sitting Examinations.**

SECTION C (Office Use Only)

Your leave application **has / has not** been approved. (cancel whichever not applicable)

Director/Dep Dir/HOD