

UNIVERSITI TUNKU ABDUL RAHMAN

STUDENTS APPLICATION FORM FOR LEAVE OF ABSENCE

PLEASE COMPLETE SECTION A & C BEFORE SUBMIT TO THE FACULTY OFFICE

Section A

Name of Student: _____ Reg. No: _____

Year of Study: (1 / 2 / 3) Trimester: (1 / 2 / 3) Tutorial:____ Course: i) Degree:_____

H/P No: _____ ii) Major:_____

Period applied for - From:_____ to:_____ () Day(s)

Address during leave:

Reason applying for leave:

** please attach supportive document (if any).*

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

(Please indicate the unit code)

Date: _____

Signature of Student

Section B1

Leave *Recommended / Not Recommended

Comments: _____

Date: _____

Head of Department

Section B2

Leave *been / not been approved

Comments: _____

Date: _____

Dean of Faculty

Section C

Name of Student: _____ Course: _____

This is to inform that your application for leave of absence

From: _____ to _____ () day(s) have * been / not been approved.

Date: _____

* Deleted whichever are not applicable

Dean / Head of Faculty