

PRIVATE & CONFIDENTIAL

STUDENT LEAVE APPLICATION FORM

STUDENT PARTICULARS		
Student Name :		
NRIC/Fin No. :		
Course Name :		
TYPE OF LEAVE		
Medical Leave* <div style="text-align: center;"><input type="checkbox"/></div>	Compassionate Leave# <div style="text-align: center;"><input type="checkbox"/></div>	Others^ <div style="text-align: center;"><input type="checkbox"/></div> Reasons: _____
From :	To :	
* Attach your MC or other supporting documents. ONLY original copy of MC issued by registered doctors is accepted. MC issued by Chinese physician is not accepted. # Compassionate Leave is only granted on special grounds that involves immediate family members' life-threatening injury/ illness or bereavement. All evidences must be attached to this form where possible. ^ Any other leave application is granted on case by case basis.		
Signature of Student:		
Date:		
Instructions to Student (if applicable).		
Acknowledged by Student: _____ (Signature) Date: _____		
RECOMMENDED BY	APPROVAL BY	
Recommended / Not Recommend (circle) _____ Academic Dept: Name / Designation _____ Signature / Date	Approved / Rejected (circle) _____ Academic Dept: Name / Designation _____ Signature / Date	