



STUDENT LEAVE FORM

Student Leave Information

Student Name : _____ Date : _____

Student ID Number : _____

Program : _____ Class Schedule : _____

Type of Leave Requested :

- Sick Vacation Bereavement Maternity/Paternity
 Other

Dates of Leave : From _____ To _____

Reason for Leave :

Student Signature

School Approval

Approved

Rejected

Comments:

Recommending Approval:

Approved by:

Academic Department Chair

Vice President for Administration