



Student's Leave Application Form

Student I.D.		Student's Name		Dormitory No.	
Mobile		Type of leave	sick leave ()		non-sick leave ()
If not available, please contact		Name		Mobile	
Period of leave	From (mm/dd/yy):		To (mm/dd/yy):		
Leave Reasons (please specify):					
Applicant's Signature:			Date (mm/dd/yy):		
Recommendation from Academic Affairs Office (Office: QA102)		Recommended by:	Not recommended by:		Date (mm/dd/yy):
Approval from an instructor indicates that the student's leave reasons are deemed reasonable by the instructor and the instructor allows the student to make up his/her work missed during the leave period. However, if the leave was due to health problems, the student needs to provide a doctor's medical certification for any make-up work upon returning to school.)					
Instructor 1	Approved by:		Not approved by:		Date (mm/dd/yy):
Instructor 2	Approved by:		Not approved by:		Date (mm/dd/yy):
Instructor 3	Approved by:		Not approved by:		Date (mm/dd/yy):
Instructor 4	Approved by:		Not approved by:		Date (mm/dd/yy):
Instructor 5	Approved by:		Not approved by:		Date (mm/dd/yy):
Instructor 6	Approved by:		Not approved by:		Date (mm/dd/yy):
Instructor 7	Approved by:		Not approved by:		Date (mm/dd/yy):
Instructor 8	Approved by:		Not approved by:		Date (mm/dd/yy):
Student Affairs Office (Office: QA119)		Noted by:		Date (mm/dd/yy):	
The section below is to be filled in upon the student's return to school.					
Date of student's return (mm/dd/yy)				Student's signature for return	
Checked by				Date: (mm/dd/yy)	