

APPLICATION FOR LEAVE

NOTE:

1. Please attach supporting documents for your application.
2. Leave will not be granted during the examination periods. If the student is unable to sit for examinations due to medical reasons he/she should apply to the SAR/ Examinations on the form available at the Examinations Division.

1. STUDENT DETAILS														
1.1. Name														
1.2. Reg No										1.3. Tel No				
1.4. E-Mail														
1.5. Course <i>(tick/circle appropriate)</i>														
		BSc Engineering		BM	CH	CE	CS	ER	EE	EN	MT	ME	TT	MPR
		BSc Transport & Logistics Management												
		BDes Fashion Design & Product Development												
1.6. Current Registration														
BSc Engineering/ BSc TLM				S1	S2	S3	S4	S5	Ind. Trng.	S6	S7	S8	Other	
BDes FD&PD				Year 1		Year 2		Year 3		Year 4		Other		
2. LEAVE DETAILS														
2.1. Type of Leave <i>(Tick appropriate)</i>														
1. Leave on Medical/ Compassionate/Official Representation Grounds														
2. Leave for Long Duration <i>(maximum one academic year)</i>														
3. Leave for Short Duration <i>(maximum 15 working days per semester for BSc Eng or BSc TLM; maximum 12 working days per term for BDes)</i>														
2.2. Reasons for Leave														
2.3. Duration														
Start Date (ddmmyy)		End Date (ddmmyy)		Local/ Overseas		No of Working Days				No of Holidays/ Vacation Days				
3. DECLARATION BY STUDENT														
<p>I hereby certify that</p> <p>1. I have reviewed my application and everything stated is true and correct to the best of my knowledge</p> <p>2. I understand, accept and agree that it is my responsibility to cover any academic activities missed during my period of leave.</p>														
Signature										Date				
4. CERTIFICATION & RECOMMENDATIONS														
4.1. Certification by relevant authorized person (for leave for official events only)														
Recommended/ Not Recommended <i>(please state reasons)</i>														
Signature & Seal										Date				
4.2. Recommendation by Semester Coordinator/Year Coordinator														
Recommended/ Not Recommended <i>(please state reasons)</i>														
Signature										Date				
4.3. Recommendation by Head of Department														
Recommended/ Not Recommended <i>(please state reasons)</i>														
Signature & Seal										Date				
4.4. Certification by FAC Representative														
Signature										Date				
4.5. Recommendation by Director/ Industrial Training (for leave requested during the industrial training placement)														
Recommended/ Not Recommended <i>(please state reasons)</i>														
Signature & Seal										Date				

UG DIVISION USE ONLY

Submitted to FAC / Returned to the Student/ Returned to the Department on