



**CENTRE FOR FOUNDATION STUDIES**

**APPLICATION FOR LEAVE OF ABSENCE FROM LECTURES/TUTORIALS  
WITH PERSONAL REASON(S)**

MUST BE SUBMITTED TO THE OFFICE OF DEPUTY DEAN ACADEMIC AND INDUSTRIAL LINKAGES **AT LEAST 3 DAYS PRIOR TO THE LEAVE**

NAME : \_\_\_\_\_  
 MATRIC NO : \_\_\_\_\_ MAHALLAH ROOM NO : \_\_\_\_\_  
 H/PHONE NO. : \_\_\_\_\_ PROGRAMME : \_\_\_\_\_  
 POSTAL ADDRESS : \_\_\_\_\_  
 (WHILE ABSENCE) \_\_\_\_\_  
 DURATION OF LEAVE : \_\_\_\_\_ UNTIL \_\_\_\_\_

SEMESTER/ACADEMIC SESSION APPLIED FOR LEAVE OF ABSENCE: \_\_\_\_\_

REASON(S) FOR LEAVE OF ABSENCE (Please tick (v) whichever relevant)

**MEDICAL** (Please attach the medical report)

**OTHER** (Please state): \_\_\_\_\_

CLASSES AFFECTED:

NO	COURSE CODE	DATE	TIME	LECTURER'S /TEACHER'S NAME	SIGNATURE

STUDENT'S SIGNATURE : \_\_\_\_\_

DATE: \_\_\_\_\_

Recommended by Head of Department:

<b>RECOMMENDED</b>	
<b>NOT RECOMMENDED</b>	

\_\_\_\_\_  
(Signature & Stamp) Date: \_\_\_\_\_

Approval by Deputy Dean Academic and Industrial Linkages:

<b>APPROVED</b>	
<b>NOT APPROVED</b>	

\_\_\_\_\_  
(Signature & Stamp) Date: \_\_\_\_\_