



APPLICATION FOR LEAVE OF ABSENCE
FOR SEMESTER 2, 2019/2020
(COVID-19)

SECTION A (PERSONAL INFORMATION)

NAME : _____
MATRIC NO. : _____ TELEPHONE NO. : _____ EMAIL : _____
MAJOR / PROGRAMME : _____
NATIONALITY : _____ PARENT'S CONTACT NO. : _____ ROOM / MAHALLAH : _____
POSTAL ADDRESS : _____
(WHILE ABSENCE) _____

SECTION B (REGISTRATION INFORMATION)

SEMESTER / ACADEMIC SESSION APPLIED FOR LEAVE OF ABSENCE: _____ / _____

COURSES REGISTERED IN THE SEMESTER APPLIED FOR LEAVE OF ABSENCE:

NO	COURSE CODE	COURSE TITLE	SECTION	LECTURER'S NAME

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

MEDICAL (PLEASE STATE) : _____
 OTHER (PLEASE STATE) : _____

HAVE YOU APPLIED FOR LEAVE OF ABSENCE BEFORE? (YES / NO)

IF YES, PLEASE STATE THE REASON AND THE PERIOD GRANTED : _____

SECTION C (DECLARATION BY THE STUDENT)

STUDENT'S SIGNATURE : _____ DATE : _____

Note: Please submit this form to the Office of Deputy Dean (Student Affairs) and notify course instructors/lecturers through email