

Student Leave of Absence Request Form

Student Name

Student ID

Program / Course

Semester

Email Address

Contact Number

Details of Leave

Leave Start Date

Leave End Date

Total Days

Reason for Leave

Supporting Documents (if any) E.g., Medical Certificate

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that approval of this request is subject to the institution's leave policy.

Student Signature:

Date:

For Office Use Only

Decision Pending

Remarks

Authorized Signature:

Date:

Important Notes

- Submit your leave request well in advance for timely approval.
- Attach supporting documentation wherever required, such as medical or travel certificates.
- Leaves are granted as per the institution's academic policy and are subject to approval.
- Prolonged absence without approval may result in academic penalties.
- Retain a copy of this form for your records after submission.