

UNITED INTERNATIONAL COLLEGE
Application Form for Student Official Leave of Absence
(15 days or more)

Name		Student No.	
Programme		Faculty or School	
Mobile Phone No.		Family Contact No.	
Student Hostel Block & Room No.		Begin & End Dates of the LAST Leave of Absence *	To

*A student who has been absent without approval for more than 30 percent of scheduled classes, will be referred to the Course Offering Unit for decision.

I hereby submit my request for official leave of absence for the following period:

From _____ to _____ (dates) Total: _____ calendar day(s)**

Reason: (Check '√' the appropriate box)

Health Problem Urgent Family Affairs Taking external exams Internship Interview Others

Details:

** Calendar days include weekends and holidays. If absence is **less than 14 days**, you need to fill in *Application Form for Student Official Leave of Absence FORM I*.

Endorsement from Department Head/Programme Leader. Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature: _____ Date: _____

I certify that the above information is true and correct. I agree to provide, if requested, any official documentation necessary to verify the information. I understand that a false statement or misrepresentation on this form may result in the rejection of my application and/or disciplinary penalties.

Student Signature: _____ **Date:** _____

For Office Use Only -----

Approved Not Approved

Types of Leave	Approving Authority	Signature	Date	Remark
15 Days or More (only effective with Dean's signature)	Dean			