

SHORT LEAVE FORM

Date	
Full Name <i>[as per passport]</i>	
Registration Number	
Program enrolled in	
Location	
Mobile Phone	
Email Address	

Reason of Short Leave

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Migrating / Transfer to another location | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Other |

Detail of Short Leave:

Student Signature: _____

For Office Use Only <i>[The candidate should not fill in this area]</i>		Date: _____
Received by: _____	<input type="checkbox"/> Leave Approved	<input type="checkbox"/> Leave Declined
Comment: _____		
Chairman Signature: _____		