

	<h1>LEAVE APPLICATION FORM</h1>
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Student Name _____

Programme: _____ FIN No: _____

Type of Leave

Medical Leave
 Home Leave
 Other (please specify):
 Vacation
 Bereavement

Date From: _____ Date To: _____

Reason for Leave

Please attach documentary proof
You are reminded that air tickets should only be purchased after your leave application is approved

Signature of Applicant: _____ Date: _____

Result of Leave Application

Approved
 Rejected
 Approved with conditions

Remarks

Signature of HOS / PD / PM: _____ Date: _____