REQUEST FOR PERMANENT LEAVE

Student name:_____ ID:_____ Date of birth: _____

School/Department:_____ Class:_____

Program: _____

Email:_____ Tel:_____

Intake: _____   Session : ☐ 1st   ☐ 2nd

<div style="background:black;color:white">REQUEST DETAILS</div>

I would like to make an end to my study program, semester ☐ 1   ☐ 2 , academic year 20..... - 20.....

Reason:

   Health issue ☐   Financial problem ☐   Working ☐   English capability ☐

   Other (please explain):

_____

_____

  _____

  _____

Evidence submited: Yes ☐   No ☐

Student signature (required):_____ Date:_____

<div style="background:black;color:white">FOR INTERNATIONAL UNIVERSITY ONLY</div>

SCHOOL/DEPARTMENT'S OPINION

_____

_____

_____

_____

Signature: _____ Full name: _____ Date:_____

SECTION TO BE COMPLETED BY OGA

Received by:_____

Date of receipt :_____

Date of response:_____

OFFICE USE ONLY	
Processed by	Process date

Note:
Student has to complete the tuition fee before making this request.