



REQUEST FOR TEMPORARY LEAVE

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

School/Department: _____ Class: _____

Program: _____

Email: _____ Tel: _____

Intake: _____ Session : 1st 2nd

REQUEST DETAILS

I would like to take a temporary leave for the semester, academic year 20.... - 20....

And the semester, academic year 20.... - 20....

Reason:

Health issue Financial problem Working

Other (please explain):

Evidence submitted: Yes No

Student signature (required): _____ Date: _____

FOR INTERNATIONAL UNIVERSITY ONLY

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.