

PRIVATE & CONFIDENTIAL

## STUDENT LEAVE APPLICATION FORM

STUDENT PARTICULARS	
Student Name :	
NRIC/Fin No. :	
Course Name :	
TYPE OF LEAVE	
<input type="checkbox"/> Medical Leave*	<input type="checkbox"/> Compassionate Leave#
<input type="checkbox"/> Others^	
Reasons: _____	
From :	To :
<p>* Attach your MC or other supporting documents. <b>ONLY</b> original copy of MC issued by registered doctors is accepted. <b>MC issued by Chinese physician is not accepted.</b></p> <p># Compassionate Leave is only granted on special grounds that involves immediate family members' life-threatening injury/ illness or bereavement. All evidences must be attached to this form where possible.</p> <p>^ Any other leave application is granted on case by case basis.</p>	
Signature of Student:	
Date:	
Instructions to Student (if applicable).	
Acknowledged by Student: _____(Signature) Date: _____	
RECOMMENDED BY	APPROVAL BY
Recommended / Not Recommend (circle)	Approved / Rejected (circle)
_____	_____
Academic Dept: Name / Designation	Operations Dept: Name / Designation
_____	_____
Signature / Date	Signature / Date