

# Leave of Absence (LOA) Form

F-2.6.1\_v5



## Section A: Student Details

Name:	Student Number:
Current Address:	
Mobile Number:	Email Address:
College:	Course Name:

## Section B: Reasons for / details of request

*(Please attach copies of documentary proof if applicable.)*

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Student Signature:	Date:
Parent/Legal Guardian Name (for under 18 students):	
Signature:	Date:

**Note:** All required documents must be provided within 7 days of submitting this form. Failure to do so may result in your LOA being disapproved.

## Section C: Office Use Only

Fees Status:	
Document Provided: <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Airline Ticket <input type="checkbox"/> Letter from Student <input type="checkbox"/> Other Documentation: .....	
Course Coordinator Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Name:	Date:

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### Application for Leave of Absence (Student Copy)

Student Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** All required documents must be provided within 7 days of submitting this form. Failure to do so may result in your LOA being disapproved.