

STUDENT REQUEST OF ABSENCE / LEAVE FORM

Student Name: _____ Student ID: _____

Course Code: _____ Intake date: _____

Course Name: _____

Request for Leave from _____ to _____

Reason:

e.g. Compassionate grounds / Compelling grounds

Evidence:

*e.g. Air-ticket, Genuine Medical Certificate, Death Certificate
(PLEASE ATTACH THE EVIDENCES WITH THIS FORM)*

I apply for the above leave and understand that I must provide evidence as required to PAL Education.

Signature: _____ Date: _____

Leave of absence noted and received by: _____

Signature: _____ Date: _____