

## Leave of Absence Request (LOA) Form

*Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.*

<b>Student Name:</b>	<b>Phone:</b>
<b>Student Number:</b>	<b>Email:</b>
<b>Course Name:</b>	<b>Date:</b>
<b>Address:</b>	

### Reasons for / details of request: (Please attach copies of documentary proof if applicable.)

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*Please 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.*

**Student Signature:** \_\_\_\_\_

### Document Checklist

- Medical Certificate
  Airline Ticket
  Letter from Student  
 Other Documentation (Please specify): \_\_\_\_\_

### Office use only

<b>Application Received By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Comments:</b>			