**Student Leave Request**

I (Mr./Ms.)……………………………………………………………………………........

ID.Code…………………………….Major……………………Mobile phone No : ……………

Wish to take

 sick leave personal leave

because…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… from……………………………………..to………………………….for……………….…day(s) as per the attached documentation:

 medical certificate

 other……………………………………………………..(please specify)

 Signature……………………………………....

Date………………./..…………/……………..

Instructor’s comment

 Approved

 Approved withheld………………………………………………………….

 (Reason)

Signature………………………………....

Date………./…………………/………....