**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………./…………………/………....