

Student's Leave Application Form

Student Information			
Student Name	:	Student No	:
Year of Study:	:	Contact No.	:
Academic Year	: 20 / 20	Semester	: 1 st / 2 nd

I would like to apply/ had taken leave from ___ / ___ / ___ (dd/mm/yy) to ___ / ___ / ___ (dd/mm/yy) and will miss/ have missed a total of _____ session(s) of the below mentioned course/event.

a) Course

Course Code	Course Title	Signature of Teaching Fellow
HONR		

b) College Event (e.g. Honours Forum Series, Retreat, etc.)

Event Title	Signature of Teaching Fellow

Justifications:

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Attachment (Please put a tick ✓ in appropriate item):

Copy of medical certificate

Other Document: _____

Student's Signature: _____ Date: _____

Remarks
1. This form is only served for courses/ events offered by the Honours College; 2. Please submit completed form and supporting document(s) to HC General Office after signed by teacher concerned 3 days before the class/ activity take place. 3. Leave on emergent cases can be applied afterwards with explanation to teacher.

For Office Use Only	
Received date: Handled by (Staff):	Approved / Disapproved by: _____ Honours Program Coordinator Date: