

This form should be completed by students wishing to request a period of leave from their studies. Leave requests may not exceed one academic year.

STUDENT INFORMATION				
ACADEMIC YEAR:	STUDENT ID NO:		YEAR OF ENTRY:	
SURNAME:		OTHER NAME(S):		
TELEPHONE 1:	TELEPHONE 2:	EMAIL (Please write legibly):		
ADDRESS (Local only):				
UNDERGRADUATE LEVEL (please tick one):	<input type="checkbox"/> Level I (New)	<input type="checkbox"/> Level I (Continuing)	<input type="checkbox"/> Level II	<input type="checkbox"/> Level III
PROGRAMME: <input type="checkbox"/> BFA in				

LEAVE REQUEST																					
TYPE AND PERIOD OF LEAVE REQUESTED																					
1. Short Leave (1-14 days): Period _____ to _____ OR																					
2. Long Leave: <input type="checkbox"/> Semester I only <input type="checkbox"/> Semester II only <input type="checkbox"/> Academic Year: 20____/20____																					
REASON FOR REQUESTED LEAVE (Tick all that apply):																					
<input type="checkbox"/> Financial <input type="checkbox"/> Work-Related Personal <input type="checkbox"/> Not registered for any Semester I courses <input type="checkbox"/> Medical (Medical Certificate)																					
<input type="checkbox"/> Other (Please state):																					
HAVE YOU BEEN GRANTED LEAVE OF ABSENCE BEFORE: <input type="checkbox"/> Yes <input type="checkbox"/> No																					
If yes, please enter all periods in the table below																					
	<table border="1"> <thead> <tr> <th></th> <th>Academic Year</th> <th>Semester</th> <th>Dates (enter for short leave only)</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2nd</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3rd</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4th</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Academic Year	Semester	Dates (enter for short leave only)	1st				2nd				3rd				4th			
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1st																					
2nd																					
3rd																					
4th																					
Signature of Student:	Date:																				
<i>Please return completed form to the Faculty Office, Faculty of Culture, Creative and Performing Arts. The form should reach the office no later than the semester I registration deadline date for leave requests for semesters I or II or academic year; and no later than the semester II registration deadline for leave requests for semester II.</i>																					

OFFICIAL USE ONLY	
DEAN'S COMMENTS	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Dean's Signature _____ Date: _____
FACULTY BOARD PAPER NO.	ACADEMIC BOARD SUBMISSION DATE: