### Leave of Absence

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

<table>
<thead>
<tr>
<th>ACADEMIC YEAR:</th>
<th>STUDENT ID NO:</th>
<th>YEAR OF ENTRY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURNAME:</td>
<td>OTHER NAME(S):</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE 1:</td>
<td>TELEPHONE 2:</td>
<td>EMAIL (Please write legibly):</td>
</tr>
<tr>
<td>ADDRESS (Local only):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### UNDERGRADUATE LEVEL (please tick one):

- [ ] Level I (New)
- [ ] Level I (Continuing)
- [ ] Level II
- [ ] Level III

#### PROGRAMME:

- [ ] BA
- [ ] BEd
- [ ] BFA

#### LEAVE REQUEST

**TYPE AND PERIOD OF LEAVE REQUESTED**

1. Short Leave (1-14 days): Period ___________________ to ___________________.
2. Long Leave: [ ] Semester I only  [ ] Semester II only  [ ] Academic Year: 20___/20____

**REASON FOR REQUESTED LEAVE** (Tick all that apply):

- [ ] Financial
- [ ] Work-Related Personal
- [ ] Not registered for any Semester I courses
- [ ] Medical (Medical Certificate)
- [ ] Other (Please state):

**HAVE YOU BEEN GRANTED LEAVE OF ABSENCE BEFORE:**  
[ ] Yes  [ ] No

If yes, please enter all periods in the table below

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Semester</th>
<th>Dates (enter for short leave only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4th</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Student: ___________________ Date: ________________

*Please return completed form to the Faculty Office, Faculty of Humanities and Education. 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.*

## OFFICIAL USE ONLY

**DEAN’S COMMENTS**

[ ] Approved  [ ] Not Approved  Dean’s Signature  Date: ________________

FACULTY BOARD PAPER NO.  ACADEMIC BOARD SUBMISSION DATE: