INTI International University & Colleges™

STUDENT LEAVE APPLICATION FORM

(A) To be completed by the student – Please (✓) where applicable

Student's Name　　　:　_____　　Session　　　　　:　_____

Matriculation No　　:　_____　　Programme　　　:　_____

Email Address　　　:　_____　　Contact No　　　:　_____

Application for 'Leave of Absence': From　_____　to　_____
　　　　　　　　　　　　　　　　　　　　　　(Date)　　　　　　　　　　　　　　　(Date)

Reason(s) for requesting leave (Please attach all supporting documents): _____

_____

Note: Form must be submitted before taking leave or within 72 hours of returning from leave.

_____　　　　　　　　_____
　　　　Student's Signature　　　　　　　　　　　　　　　　　　　Date

(B) To be verified by lecturer(s) *(Note: Not applicable to IIU & ICN)*

Lecturer's Name	Course Code	Please circle either one	Lecturer's signature	Date	Remark(s)
1.		Yes / No			
2.		Yes / No			
3.		Yes / No			
4.		Yes / No			
5.		Yes / No			
6.		Yes / No			
7.		Yes / No			

(C) International Office (If you are an International Student)

Comments　:　_____

Name: _____　　Signature:_____　　Date: _____
　　　　(I.O. Personnel)

(D) Head of Programme * *(In the absence of Head of Programme, the designated officer will assume the signatory role.)*

Approved / Not Approved　　　　Comments　:　_____

Name: _____　　Signature:_____　　Date: _____
　　　　(Official Name Chop)

Note: This form is to be submitted to the Office of Admissions and Records (OAR) after approval is given.

--✂--

Student – Please keep this acknowledgement slip for reference

Name of student　:　_____　　Matriculation No　:　_____

Your leave application from _____ to _____ is / is not approved. Kindly inform your lecturers.

Thank you.

Name: _____　　Signature:_____　　Date: _____
　　　　(Head of Programme)