



STUDENT LEAVE APPLICATION FORM

Student Details

Name: _____ Student I.D.: _____ Year: _____

Mobile: _____ Leave from: _____

To: _____

Module/Clerkship: _____ No of Days: _____

Please check activities that will be missed

Classes/Clerkship

Mid-Modular Exam

End of Module Exam Clerkship

Others (Please Specify) _____

Reason: _____

Signature: _____ Date of Application: _____

Parent / Guardian: _____ Signature: _____

Note: Proof (where required) must be attached with the application.

Comments by Clerkship / Course Director

Comments: _____

Name of Clerkship / Course Director: _____

Approved Not Approved Signature _____ Date _____

Cc: CHS Department

BHS Department

Note: This application form is for leaves extending more than 3 days