



Student Leave Form

Remark: this leave form submission is only for 1 subject

Subject: To request Official Student Absence (Semester: _____ / _____)

To: Instructor

Student ID: (Mr. / Miss) _____

Year: _____ Section: _____ Major: _____ Mobile Phone: _____

Person to Notify in Case of Emergency (Guardian) _____ Mobile Phone: _____

Please Select the Type of Leave:

Sick Leave

Your medical report must be submitted to the Instructor within 7 working days of your sick leave.

Reason: _____

Kind of document for sick leave:

Medical certificate Letter from Guard
 Other _____

Business Leave

Your business leave form must be submitted to the Instructor 3 working days in advance.

Please choose the kind of Business Leave:

[] Business Leave with Family: Reason: _____ Place: _____

Kind of document for business leave:

Letter from Guardian Travel Ticket Other _____

[] Funeral Ceremony

Reason: _____ Place: _____

Kind of document for business leave:

Letter from Guardian Invitation Card Notification of Death

[] Activity or Competition:

Reason: _____ Place: _____

Kind of document for business leave:

Letter from ICT Faculty or Memo from ICT Faculty
 Signature from Advisor:

Advisor's name: _____

Signature: _____

Date: _____ / _____ / _____ (Advisor)

Other _____

[] Other: _____ Document for Leave: _____

Make-Up Class Conflict

(Please submit to the Instructor within 7 working days after Make-Up Class Posting at My Courses)

Date of Make-Up Conflict: _____ Time: _____

- Make-Up's ID Subject: _____ Subject: _____

Section: _____ Instructor: _____

- Normal's ID Subject: _____ Subject: _____

Section: _____ Instructor: _____

Student ID: Year: _____ Section: _____

Please provide details of missed classes by completing every section of this form. Any incomplete part of this form will be regarded as void, and will not be approved. (Attendance will not be changed to "Approved Absence")

No.	ID Subject	Subject	Instructor	Year	Sec.	Eng. Group	Absence Date	Time

Student's Signature _____
(_____)

Date: _____ / _____ / _____

Instructors' Opinion:

Allowed Not allowed Other _____

Because: _____

Signature _____
(_____)

Instructors

Date: _____ / _____ / _____ Time: _____