

LEAVE OF ABSENCE APPLICATION



NOTICE OF LEAVE OF ABSENCE

Please note: Leave absences will not be applicable beyond four weeks after the commencement of Trimester.

TO OFFICIALLY TAKE A LEAVE OF ABSENCE FROM YOUR COURSE OF STUDY YOU MUST SEE THE ACADEMIC MANAGER.

Student Name: _____
(Family Name) (Other Names)

Course: _____ MIBT ID: _____

Reason for Leave of Absence:

Proposed Commencement Date: _____

Address to which correspondence is to be forwarded. (please allow 2 weeks for processing of form)

Local Address:

Signature: _____ **Date:** _____

Completed on behalf of the student by an authorised person.

Signature: _____ Date: _____

Office use only

Approved by Academic Manager

Signature: _____ Date: _____

Status Changed: ___ / ___ / ___ Finance Records: ___ / ___ / ___