Leave Application Form

Leave Application form must be completed and submitted to Student Records Office, Office of the Registrar for approval of leave at least two weeks in advance.

Please provide details below:						
Full Name:					Reg. Number:	
Class of:		Programme of study:			Current Rotation/Module:	
Current e-ma	ail address:				Contact number:	
Reason for Leave: (unless the leave is of an emergent nature, please review leave policy on One45 or seek clarification with the Office of the Registrar before completing this form)						
☐ Medical Leave						
☐ Leave for illness/ death in immediate family:						
Uisa Matters:						
☐ Leave for representing AKU (conference, presentation):						
Other Leave:						
Leave requested from to Total Calendar days:						
Supporting document submitted:						
Signature of Student Date						
For the use of Office of the Registrar:						
Leave Appro	oved:	☐ Yes	□ No	Date:		
Year Chair I	nformed:	☐ Yes	□ No	Date:		
Rotation / Module Coordinator Informed:						
 Work plan re	equired: [☐ Yes ☐	No	If yes - work pla	an received:	s 🗆 No
Student Info	rmed:	☐ Yes ☐	No	Via:	Date:	
Approved by: Comments (if any)						