

UNITED INTERNATIONAL COLLEGE
Application Form for Student Official Leave of Absence
(up to 14 days)

Name		Student No.	
Programme		Division	
Mobile Phone No.		Family Contact No.	
Student Hostel Block & Room No.		Begin & End Dates of the LAST Leave of Absence *	To

* A student who has been absent without approval for more than 30 percent of scheduled classes, will be referred to the Course Offering Unit for decision.

I hereby submit my request for official leave of absence for the following period:

From _____ to _____ (dates) Total: _____ calendar day(s)**

Reason: (Check '✓' the appropriate box)

☐ Health Problem ☐ Urgent Family Affairs ☐ Taking external exams ☐ Internship ☐ Interview ☐ Others

Details:

** Calendar days include weekends and holidays. If absence is **15 days or more**, you need to fill in *Application Form for Student Official Leave of Absence FORM II*.

I certify that the above information is true and correct. I agree to provide, if requested, any official documentation necessary to verify the information. I understand that a false statement or misrepresentation on this form may result in the rejection of my application and/or disciplinary penalties.

Student Signature: _____ **Date:** _____

For Office Use Only _____

Approved ☐ Not Approved ☐

Types of Leave	Approving Authority	Signature	Date	Remark
1-3 Days (only effective with Division Officer's signature)	Division Officer			
4-14 Days (only effective with Dean's signature)	Dean			