**GRADUATE STUDIES LEAVE OF ABSENCE REQUEST FORM**

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| **STUDENT DETAILS** |
| **Student Name** | Click here to enter text. |
| **Student ID** | Click here to enter text. |
| **College**  | Click here to enter text. |
| **Programme**  | Click here to enter text. |
| **DATES REQUESTED FOR LEAVE OF ABSENCE** |
| From: Click here to enter a date. To: Click here to enter a date. |
| **REASON** |
| Click here to enter text. |
| **APPROVAL BY SUPERVISOR** |
| **Name** | Click here to enter text. |
| **Signature**  | Click here to enter text. |
| **Date**  | Click here to enter a date. |
| **APPROVAL BY COLLEGE ASSOCIATE DEAN GRADUATE STUDIES AND RESEARCH** |
| **Name** | Click here to enter text. |
| **Signature**  | Click here to enter text. |
| **Date**  | Click here to enter a date. |
| **APPROVAL BY COLLEGE DEAN** |
| **Name** | Click here to enter text. |
| **Signature**  | Click here to enter text. |
| **Date**  | Click here to enter a date. |
| **APPROVAL BY DEAN CENTRE FOR GRADUATE STUDIES** |
| **Name** | Click here to enter text. |
| **Signature**  | Click here to enter text. |
| **Date**  | Click here to enter a date. |