**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. |