

This form should be completed by students wishing to request a period of leave from their studies. Leave requests may not exceed one academic year.

| STUDENT INFORMATION                                                                          |              |                                        |                                               |                                                                      |
|----------------------------------------------------------------------------------------------|--------------|----------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|
| ACADEMIC YEAR:                                                                               |              | STUDENT ID NO:                         |                                               | YEAR OF ENTRY:                                                       |
| SURNAME:                                                                                     |              | FIRST NAME:                            |                                               | OTHER NAME(S):                                                       |
| TELEPHONE 1:                                                                                 | TELEPHONE 2: | EMAIL:                                 |                                               |                                                                      |
| ADDRESS (Local only):                                                                        |              |                                        |                                               |                                                                      |
| UNDERGRADUATE LEVEL ( <i>please tick one</i> ):                                              |              | <input type="checkbox"/> Level I (New) | <input type="checkbox"/> Level I (Continuing) | <input type="checkbox"/> Level II <input type="checkbox"/> Level III |
| PROGRAMME: <input type="checkbox"/> BA <input type="checkbox"/> BEd <input type="checkbox"/> |              |                                        |                                               |                                                                      |

| LEAVE REQUEST                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------|----------|------------------------------------|-----|--|--|--|-----|--|--|--|-----|--|--|--|-----|--|--|--|
| TYPE AND PERIOD OF LEAVE REQUESTED                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| 1. Short Leave (1-14 days): Period _____ to _____                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| 2. Long Leave: <input type="checkbox"/> Semester I only <input type="checkbox"/> Semester II only <input type="checkbox"/> Academic Year: 20____/20____ only                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| REASON FOR REQUESTED LEAVE (Tick all that apply):                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| <input type="checkbox"/> Financial <input type="checkbox"/> Work-Related Personal <input type="checkbox"/> Not registered for any Semester I courses <input type="checkbox"/> Medical (Medical Certificate)                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| <input type="checkbox"/> Other (Please state):                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| HAVE YOU BEEN GRANTED LEAVE OF ABSENCE BEFORE: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| If yes, please enter all periods in the table below                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Academic Year</th> <th>Semester</th> <th>Dates (enter for short leave only)</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2nd</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3rd</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4th</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |          | Academic Year                      | Semester | Dates (enter for short leave only) | 1st |  |  |  | 2nd |  |  |  | 3rd |  |  |  | 4th |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                 | Academic Year                                                                                                                                                                                                                                                                                                                                                                                   | Semester | Dates (enter for short leave only) |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| 1st                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| 2nd                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| 3rd                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| 4th                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| Signature of Student:                                                                                                                                                                                                                                                                                                                           | Date:                                                                                                                                                                                                                                                                                                                                                                                           |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |
| <i>Please return completed form to the Faculty Office, Faculty of Humanities and Education. The form should reach the office no later than the semester I registration deadline date for leave requests for semesters I or II or academic year; and no later than the semester II registration deadline for leave requests for semester II.</i> |                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                    |          |                                    |     |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |

| OFFICIAL USE ONLY                                                       |                                 |
|-------------------------------------------------------------------------|---------------------------------|
| DEAN'S COMMENTS                                                         |                                 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |                                 |
| Dean's Signature                                                        | Date:                           |
| FACULTY BOARD PAPER NO.                                                 | ACADEMIC BOARD SUBMISSION DATE: |