

Student's Leave Application Form

Department of Chemistry
Uka Tarsadia University

Date: / /

university							
Student Name: Enr	Enrolment Number:						
Course: Ser	Semester:						
Dates of Leave: From / / to	/ / Total No. of Days:						
Leave taken earlier during the Semester: [Days						
Reason for Leave: (Please √ the appropriate)							
Sick Leave Compassionate Lea	ive Representing Macau or Dept. Activity						
Others (Please specify)							
Attachment: Medical Certificate	Others						
Signature of Student:	Date: / /						
Parent Signature:							
For Office Use Only:							
<u> </u>							
Recommended / Not Recommend	ed Approve/ Disapprove						
Signature of Class Teacher	Signature of Director						
Date: /	Date: / /						
UKA TARSADIA university Student's Leave Ap	plication Form Department of Chemistry Uka Tarsadia University						
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Date: /

Leave from the following Classes and Laboratories:

Lecture/Lab No	Date	Approval from Lecturer		
		Please √ t	the appropriate	Lecturer's Signature
		Agree	Disagree	

Note: An approved leave will be considered up to 20 % of your absent in one semester, except some serious issue.

Leave from the following Classes and Laboratories:

Lecture/Lab No	Date	Approval from Lecturer		
		Please √ the appropriate		Lecturer's Signature
		Agree	Disagree	

Note: An approved leave will be considered up to 20 % of your absent in one semester, except some serious issue.