



LEAVE APPLICATION FORM

Date:

To: Principal
Genetic Computer School

Re : Application for Leave of Absence

Name:	Student FIN:	Batch:	Contact No.:
Period of Leave:	From: _____ To: _____ No. of Days _____ (inclusive)		
Course Title:			
Reason for Leave:			
Tick ✓			
<u>Reasons of Absence</u>		<u>No. of Days of Leave to apply</u>	
<input type="checkbox"/> Compassionate Leave for immediate family member		Maximum up to 7 days	
<input type="checkbox"/> Marriage Leave for student		Maximum up to 7 days	
<input type="checkbox"/> Examination Leave		Maximum up to 7 days	
<input type="checkbox"/> Medical treatment in home country		Maximum up to 7 days	
<input type="checkbox"/> Others: _____			
Student Signature: _____ Date: _____			
FOR OFFICIAL USE ONLY			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
Signature: _____ Date: _____ Principal			