



Since 1989

INSPIRATION DESIGN INTERNATIONAL SCHOOL PTE LTD

APPLICATION FOR LEAVE OF ABSENCE

A student seeking leave of absence from a course should submit this form to their respective lecturer for approval. Students **must** check their application for approval **before** going on leave or it will be considered an absence.

PART A – Student’s Application

NAME :		STUDENT ID NO. :	
COURSE :		INTAKE :	
ADDRESS :		S()	
TEL : (H)	TEL : (HP)	EMAIL :	
LEAVE OF ABSENCE FROM :		RECOMMENCE ON :	
REASONS FOR REQUEST <u>MUST BE AN EMERGENCY</u> :			
<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Serious Illness in Family		
<input type="checkbox"/> Death of Immediate Family Member	<input type="checkbox"/> Emergency; Explain: _____		
(All causes require documentation before approval as per page 10 of Student Handbook)			
_____ Student’s Signature		_____ Date	

RECEIVED BY COURSE CONSULTANT

Name Signature Date

PART B – School’s Approval

<input type="checkbox"/>	Balance of days in one module: _____ days.												
	<table style="width: 100%; text-align: center;"> <tr> <td>1st</td> <td>2nd</td> <td>3rd</td> <td>4th</td> <td>5th</td> <td>6th</td> </tr> <tr> <td>Month</td> <td>Month</td> <td>Month</td> <td>Month</td> <td>Month</td> <td>Month</td> </tr> </table>	1 st	2 nd	3 rd	4 th	5 th	6 th	Month	Month	Month	Month	Month	Month
1 st	2 nd	3 rd	4 th	5 th	6 th								
Month	Month	Month	Month	Month	Month								
<input type="checkbox"/>	APPROVED Leave approved from _____ to _____.												
<input type="checkbox"/>	APPROVED Provided that the student complies with submission/presentation/CRIT requirements.												
<input type="checkbox"/>	NOT APPROVED Reason: _____												
_____ Signature / Name of Lecturer	_____ Signature of Admission Director Ms Jean Chua												
_____ Date	_____ Date												