

(A) To be completed by the student – Please (✓) where applicable

Student's Name : RODRIKCO TIOVANDY

Session : FEB2024

Programme : BCSSUT

Major : CYBERSECURITY

Matriculation No : J22036755

IC / Passport No : X1297633

Local Address : 74, SS15/6A

Contact No : 0172608213

Email Address: rodrikco.tiovandy@gmail.com

Current Semester : ☐1 ☐2 ☐3 ☐4 ☒5 ☐6 ☐7 ☐8Application for 'Leave of Absence': From 4 April 2024 08:00 A.M
Date & timeto 12 April 2024 05:00 P.M
Date & time

Reason(s) for requesting leave and attached all supporting documents: Holiday

Student's Signature

18/03/2024

Date

(B) To be completed by lecturer(s)

Lecturer's Name	Course Code	Leave recommended Please tick (✓) either one				Lecturer's signature	Date	Remark(s)
1. Norealyna Misman	COM10007	Yes	✓	No			20/3/24	approved
2. Ang Chee Hui	COS30019	Yes	✓	No			20/3/24	
3. Robina D. Tinawin	ICT30005	Yes	✓	No			20/3/24	
4. Robina D. Tinawin	SWE40002	Yes	✓	No			20/3/24	
5. Masrina Nadia Mohd Saleh	STA10003	Yes	/	No			21/3/2024	please do necessary and catch up missing lecture
6.		Yes		No				

(C) To be completed by International Office (If you are an International Student)

Approved/Not Approved Comments: _____

Name: _____ Signature: _____ Date: _____

I.O. Personnel

(D) To be completed by Head of Programme *

Approved/Not Approved Comments: _____

Name: _____ Signature: _____ Date: _____

Head of Programme

* In the absence of Head of Programme, the designated officer will assume the signatory role.

COMPLETED FORM MUST RETURN TO OAR BY THE SCHOOL**Student – Please keep this acknowledgement slip properly**

Name of student: _____ IC/Passport No: _____

Your application for leave of absence from _____ to _____ is / is not approved. Kindly inform your lecturers.

Thank you.