



Leave of Absence Form – 2025

Instructions:

Complete this form and submit it to the Student Support Office at least 3 days before your intended leave. Attach supporting documents if applicable.

Student Information

Field	Details
Full Name	
Student Number	
Programme of Study	
Year of Study	
Contact Number	
Email Address	

Leave Details

Field	Details
Start Date of Leave	
End Date of Leave	
Total Days Requested	
Reason for Leave	<input type="checkbox"/> Medical <input type="checkbox"/> Personal <input type="checkbox"/> Family Emergency <input type="checkbox"/> Other: _____
Description (optional)	
Supporting Documents Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I hereby request a temporary leave of absence from Gauteng City College and confirm that the information provided is accurate. I understand that I am responsible for catching up on missed academic work.



Signature: _____

Date: _____



Office Use Only

Field	Details
Received By	
Date Received	
Approved By	
Date Approved	
Notes	