

Leave of Absence Form

Student Information:

Full Name:.....

Student ID:.....

Program/Department:.....

Date of Birth:.....

Contact Number:

Email Address:

Leave Details:

Start Date of Leave: [Start Date]

End Date of Leave: [End Date]

Reason for Leave:

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.....

Authorization:

I hereby request a leave of absence from Yonevas Open University for the dates mentioned above. I understand that my leave of absence is subject to approval and that I must meet the eligibility criteria and conditions outlined in the university's policies and procedures. I agree to adhere to any requirements or procedures specified by the university during my leave of absence.

Signature: _____ Date: _____

Submission Instructions: Please submit the completed form to the Registrar's Office at Yonevas Open University admin office . You can submit the form via email to registrar@yonevas.institute or in person at the Registrar's Office located at University's administrative head office Abuja . If you choose to submit the form via email, please include "Leave of Absence Request" in the subject line.

Approval Process: Upon receipt of the leave of absence form, the Registrar's Office will review the request and notify you of the decision. Please allow 2-3 weeks for the processing of your leave of absence request.

Note:

- Leave of absence requests are subject to approval based on the university's policies and procedures.
- Students on an approved leave of absence may be eligible for certain benefits or exemptions. Please consult the university's policies or contact the Registrar's Office for more information.
- It is the student's responsibility to inform relevant university departments or personnel about the approved leave of absence, such as faculty members, advisors, and financial aid offices.

For any questions or inquiries regarding leave of absence requests, please contact the Registrar's Office at registrar@yonevas.institute

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