**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 ✔**   |  |  | | --- | --- | | **Reasons of Absence** | **No. of Days of Leave to apply** | | Compassionate Leave for immediate  family member | Maximum up to 7 days | | Marriage Leave for student | Maximum up to 7 days | | Examination Leave | Maximum up to 7 days | | Medical treatment in home country | Maximum up to 7 days | | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | | |
| Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **FOR OFFICIAL USE ONLY** | | | |
|  |  |  | |
| Approved | Not Approved |
|  | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_  Principal | |