

STUDENT'S LEAVE APPLICATION

Please complete the form & submit it to our Student Services Office

Leave Application Medical Absence (attach original medical certificate)

SECTION A

Student's Name (as in NRIC / Student Pass):		Student ID No.:
Course:	Contact No.:	Email Address:

Reason for Application:

Normal Leave -Part-time Students
 NS In-Camp Trg.
 Overseas Posting
 Term Break Vacation -Int'l Students
 Compassionate Reason
 Others (please specify):

Supporting Document/s Attached:

Date/Period of Application / Absence:-			Will you be traveling outside of Singapore during this period of leave? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(For student below age of 21: Please provide evidence of approval from parents or legal guardian)</small>
From (dd/mm/yyyy):	To (dd/mm/yyyy):	Total No. of Days:	

Reason for Application (for Normal Leave only):

Foreign Contact No. & Address:
 (For Student Pass Holder - if traveling outside of Singapore)

I have been advised that I should avoid taking leave if the period involves missing classes, assessments, field trips, or any other scheduled events. If the period of leave involves missing of classes, field trips, etc., no make up sessions will be provided to me and I will be considered as absent even with the approval of leave.

I am aware that I will not be provided with a make up assessment if the period of leave involves missing an assessment. In such case, I will be given zero (0) mark on the affected component(s) and as a result could fail the study unit/level and might depending on the course/unit requirements have to repeat the study unit/level.

I note that I should not make any travel arrangement, including the commitment of money, before the leave is approved. Once approved, I must provide a copy of the return air ticket or boarding pass to the Student Services Office before leaving Singapore for my trip.

I will promptly return to SMA Institute for my scheduled classes on the day after the end of the approved leave period.

I agree to bear all consequences resulting from this application. Please process my application.

Student's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

SECTION B

Application Received & Verified By: (Name & Signature)	Application Approved By: (Name & Signature)	Application Processed By: (Name & Signature)
Student Notified of Status By: (Name & Signature)	Remarks (if any):	

Please return this Form to the Student Services for filing when process is completed