



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 ✓															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center;"><u>Reasons of Absence</u></th> <th style="text-align:center;"><u>No. of Days of Leave to apply</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Compassionate Leave for immediate family member</td> <td>Maximum up to 7 days</td> </tr> <tr> <td><input type="checkbox"/> Marriage Leave for student</td> <td>Maximum up to 7 days</td> </tr> <tr> <td><input type="checkbox"/> Examination Leave</td> <td>Maximum up to 7 days</td> </tr> <tr> <td><input type="checkbox"/> Medical treatment in home country</td> <td>Maximum up to 7 days</td> </tr> <tr> <td><input type="checkbox"/> Others: _____</td> <td> </td> </tr> </tbody> </table>		<u>Reasons of Absence</u>	<u>No. of Days of Leave to apply</u>	<input type="checkbox"/> Compassionate Leave for immediate family member	Maximum up to 7 days	<input type="checkbox"/> Marriage Leave for student	Maximum up to 7 days	<input type="checkbox"/> Examination Leave	Maximum up to 7 days	<input type="checkbox"/> Medical treatment in home country	Maximum up to 7 days	<input type="checkbox"/> Others: _____			
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Student Signature: _____		Date: _____													
FOR OFFICIAL USE ONLY															
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved															
Signature: _____ Date: _____ Principal															