

Student Name	:	
Student ID	:	
Student NRIC	:	
Programme	:	
Contact No	:	
Email Address	:	

Date of Leave Requested	: from	___ / ___ / _____	to	___ / ___ / _____	
		dd mm yyyy		dd mm yyyy	
Total No. of Days	:				

Reason for Leave: (Please ✓ the appropriate.)

- Sick Leave
 Work related Leave
 Representing KOLEJ ASA in Activity(s).
 Others (Please specify.) : _____.

Leave from the following Classes:

Course Code	Course Title	Agreement from Course Lecturer		
		Please ✓ the appropriate		Lecturer's Signature
1.		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
2.		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
3.		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
4.		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
5.		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	
6.		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	

Remark:

1. Please submit this completed form with course lecturer's signature and supporting document to Programme Coordinator office.
2. Please refer to 'Attendance and absenteeism' of Student's Handbook Governing Certificate / Diploma / Bachelor's Degree Programmes regarding the KOLEJ ASA's rules on attendance and absenteeism.

Signature of Student: _____ Date: ___ / ___ / _____

For Office Use only

- Approve / Endorse
 Disapprove / Not Endorse

Signature of Programme Coordinator ** _____
Date: ___ / ___ / _____ Signature of Head of Academic
Date: ___ / ___ / _____

** Approval from Head of Academic is required for 1) medical leave for more than 3 days OR 2) leave of non-medical reason for more than 2 consecutive days.