



T. A. MARRYSHOW COMMUNITY COLLEGE

LEAVE OF ABSENCE FORM

Student's Name: _____ Student's Number: _____

Telephone: _____ Email: _____

School: SASPS SAAT SCE

Programme: _____

Semester: August to December January to April May to Jun Year: _____

List of courses for which you are currently registered (e.g. COM101)

Period of Leave: From _____ (dd/mm/yy) To _____ (dd/mm/yy)

Reason for Leave (*please attach any supporting documents*)

Student's Signature: _____ Date: _____

Dean/Associate Dean's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____