



T. A. MARRYSHOW COMMUNITY COLLEGE LEAVE OF ABSENCE & WITHDRAWAL FORM

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

Telephone: _____ Email: _____

School: SASPS SAAT SCE

Programme: Associate Degree { } Certificate { } Part-time Course { }

Name of Programme: _____

LEAVE OF ABSENCE

Semester: August-December January- April May- June Academic Year: _____

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

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

NB: Maximum leave of absence should not exceed an academic year; **EXCEPT** in circumstances of illness. Make-up examinations will be given to students where approved leave of absence coincides with examinations.

STUDENT WITHDRAWAL

This form should be used when a student wishes to formally withdraw from the College. Completed form requires the Dean/Associate Dean and Registrar's signature. Failure to officially complete a withdrawal form may result in liability of fees.

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

Reasons for Withdrawal:

Last day you will attend/attended the Programme: _____

Student's Signature: _____ Date: _____

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

Registrar's Signature: _____ Date: _____

NB: Students who withdraw from a course during or before the seventh (7th) week of the semester or the second week in summer will receive a grade "W". Students who withdraw from a course after the seventh (7th) week will receive an "F" **EXCEPT** for compelling reason such as illness.

Students withdrawing from the College will be required to reapply to resume their studies at the College.

Please note: Information disclosed will be kept **STRICTLY CONFIDENTIAL**.

OFFICIAL USE

Received and recorded by Dean/Associate Dean (Copy kept)	Original send to Registrar's Office	Comments (Agreement):
Initials..... Date	Initials..... date	