



Office of the Academic Registrar

APPLICATION FOR ACADEMIC LEAVE OF ABSENCE

(To be completed in duplicate)

A student may apply for academic leave for a period not exceeding one year. Academic leave may be extended for an extra two semesters subject to approval by the University Senate. Before requesting for academic leave, the student is advised to consider the effect of the leave on his/her academic progress.

Official Names:..... Registration No:.....
Surname First Middle

Mobile Phone Number:..... Email address:

Academic Programme:.....

Study Session: January – April [] May – August [] September – December [] Year:.....

Tick where appropriate

- | | |
|--|---|
| <input type="checkbox"/> 1. New Academic Leave | <input type="checkbox"/> 2. Extension of Academic Leave |
| Leave effective | Leave effective |
| Anticipated date of return | Anticipated date of return |

Reason: State your reason for requesting the leave. Attach any supporting documents where applicable.

Student's Signature

Date.....

PROCESSING BY ACADEMIC REGISTRAR'S OFFICE

I acknowledge receipt of the duly completed form for approval by the University Senate.

_____	_____	_____	_____
Name	Date	Signature & Stamp	Date approved by Senate

- Notes:**
1. You will be notified via email /telephone once the academic leave request is approved.
 2. You are advised to surrender university property in your custody to the relevant offices such as Library, Hostels, Dean of Students or GUSA Office once your academic leave is approved to avoid being surcharged for overdue deadlines.
 3. Distribution: Original of this form to be retained by the Academic Registrar and the copy by the student.