



APPLICATION FORM FOR LEAVE OF ABSENCE

A. THIS SECTION IS COMPLETED BY THE STUDENT

Mark with ✓

LEAVE OF ABSENCE DURING CLINICAL ROTATION OR COMPLUSORY CLASSES

LEAVE OF ABSENCE DURING TEST

LEAVE OF ABSENCE DURING EXAM

Surname

Initials

Title (e.g. Mr/Ms/Mrs/Mx)

Student number

Address to which correspondence is sent during your University semester

Postal code

Telephone/Cellphone

Programme and year (e.g. MBChB III)

Date(s) of leave

Reasons for leave

The following module(s)/clinical rotation(s) are applicable and the module chairperson(s)/ head(s) of division concerned have been consulted

Module name

Date on which Exam/Test is not written

Module Chairperson/
Disciplinary head

Please note: "The University reserves the right to request the prognosis and further information of the health care practitioner and it accepts in good faith that the student will not unreasonably deny permission in this regard" (SU General Calendar, Part 1, p. 115).

I confirm that the information I have provided in this application is true and correct

Yes

No

Signature of Student

Date

B. THIS SECTION IS COMPLETED BY THE LECTURER(S) CONCERNED

Abovementioned leave of absence is approved

Abovementioned leave of absence is not approved

The following arrangements have been made to catch up the work/to write the test or exam

Signature

Date

Signature(s) of module chairperson(s)/lecturer(s)/de-legate

Signature of Head of Division (if necessary)

Comments:

Signature of Programme coordinator

Date

Comments: