INTERNATIONAL COLLEGE
HATYAI CAMPUS
PRINCE OF SONGKLA UNIVERSITY

Student's Leave Application Form

Date: .....

Student Name: ..... Student ID: .....

Dates of Leaves: From ..... to ..... Total No. of days:.....

Reason of Leave (Please ✓ the appropriate)

☐ Sick Leave

(The medical certificate is required if taking leave 2 days consecutively)

☐ Personal Leave (Please specify.....)

☐ Other (Please specify.....)

I would like to request leave from the following class:

Subject Code	Course title	Section

Signature of Students: .....

Contact no.....

● **For Student Advisor only**

☐ Approved ☐ Disapproved because .....

Signature of student advisor: .....

Date: .....

● **For Course Lecturer only**

☐ Approved ☐ Disapproved because .....

Signature of student advisor: .....

Date: .....