

STUDENT'S ATTACHMENT LEAVE APPLICATION FORM

Name of Student : _____

Course : _____

Co-op Term : _____

Year of Study : _____

Contact Number : _____

Attachment Organization : _____

Leave Applied for : From: _____ To: _____
(Both dates inclusive)

Total Number of Days: _____

Reason for Application : _____

(Please attach supporting document)

I am prepared to extend my attachment to cover the period of leave if necessary.

Date: _____ Signature: _____

For Office Use

Leave Approved; without extension

Leave Approved; with extended period

Leave Disapproved

Lecturer Name : _____

Date: _____

Signature : _____