

# Thongsook College International Programs

## APPLICATION FOR LEAVE OF ABSENCE



Students applying for semester leave of absence or extending their leave of absence must read the terms and regulations published in the 'Apply for Semester leave' policy before submitting an application to the International Programs office.

<b>To be Completed by Student</b>	
<b>I. <u>Personal Particulars</u></b>	
Name	: _____
Student Number	: _____
Programme / Year of Study *	: _____
Mailing Address *	: _____
Contact No.	: _____
* Optional to complete if there are no changes to records.	
<b>II. <u>Leave Application (Tick where appropriate)</u></b>	
• Type of Application	: <input type="checkbox"/> New Application <input type="checkbox"/> Extension of Leave
• Semester Leave Period	: _____ (Only up to 2 consecutive semesters per application)
• Reasons for Application:	
<input type="checkbox"/> <b>Medical Reasons.</b> Please specify: _____ Please attach the doctor's report. The doctor's report should specify the period of medical leave recommended.	
<input type="checkbox"/> <b>Personal Reasons.</b> Please specify: _____ Please provide additional information/documents to support the application.	
• Are you registered for / attending attachment e.g. Industrial Attachment / Professional Attachment / Industrial Orientation / Professional Internship / Internship: <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Are you currently doing your Final Year Project : <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>III. <u>Acknowledgement</u></b>	
I acknowledge that I have read and understood the terms and regulations as laid out on the 'Apply for Semester Leave' policy. I understand that my application will not be processed if I do not submit a complete application form with the relevant supporting documents required for the application. I accept full responsibility to ensure that my application is accurate and complete. I understand that Thongsook College reserves the right to refuse or revoke my semester leave of absence should I be found to have provided any information that is false or misleading.	
Signature	Date
<b>IV. <u>For office use</u></b>	
Received by:	Date Received

**Official Use**

**I. Recommendation (Tick where appropriate)**

Students can be granted semester LOA up to a cumulative maximum period of 2 years (6 semesters).

Note : Once the application for semester LOA is approved , any courses currently registered by the student will be dropped . Please contact the International Programs office immediately if any courses are to be retained.

The number of semester LOA granted to student so far is : \_\_\_\_\_ semester(s).

Student requires counseling and has been referred to the Academic Board for attention.

Thongsook College has reviewed the application and recommends / does not recommend \* the application for semester leave of absence.

Student has attended classes for current semester: Yes/ No for Semester \_\_\_ of AY \_\_\_\_\_

Comments (attach additional documents, where applicable):

\_\_\_\_\_  
Director/CEO of International Programs

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Official Use (Tick where appropriate)**

**I. Evaluation (Tick where appropriate)**

Leave supported :  Yes  No

Leave counted towards candidature :  Yes  No

Tuition fees to be charged :  Yes  No

Comments (attach additional documents, where applicable):

Name of registrar: \_\_\_\_\_ Date : \_\_\_\_\_

**II. Approval**

I approve / do not approve \* the application for semester leave of absence.

Comments (attach additional documents, where applicable):

\_\_\_\_\_  
Full Name of Registrar

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Delete where applicable