



Request for In-Class Absence form

This form is ONLY used for 1 subject

Subject: Request for In-Class Absence (Academic Year: _____ / _____)

Dear: The course instructor: _____

My name is (Mr. / Miss) _____ Student ID: _____

Year: _____ Section: _____ Track: _____ Contact number: _____

Guardian's contact number _____ Relationship: _____

Absence types:

<input type="checkbox"/> Sick Leave Your request must be submitted to the course instructor <u>within 7 working days</u> after your sick leave	Reasons: _____ Attached document: <input type="radio"/> Medical Certificate
<input type="checkbox"/> Business Leave (Faculty/University representative) Your request must be submitted to the Instructor <u>3 working days in advance</u> .	Event: _____ Location: _____ Attached document: <input type="radio"/> Confirmation letter by ICT Faculty <input type="radio"/> Confirmation letter by the University <input type="radio"/> Confirmation letter by Advisor (Advisor signature: _____)
<input type="checkbox"/> Make-up Conflict Your request must be submitted to the course instructor within 7 working days after Make-up announcement in MyCourses	Please specify the Make-Up subject Subject code: _____ Subject: _____ Year: _____ Section: _____ Course instructor: _____
<input type="checkbox"/> Others The approval depends on the instructor's consideration	Reasons: _____ Attached document: _____

*Please complete all information in the box. **Otherwise, your request will not be put into the consideration**

Order	Subject Code	Subject	Instructor	Year	Section	Leave date	Time

Student Signature _____

Date: _____ / _____ / _____

Instructor's opinion:

Allow Not allow

Reasons:

Signature _____

Instructor

Date: ____ / ____ / ____