Student Leave of Absence Form

Student Details

Student ID Number: _______________ Student Name: ____________________________

DOB: __ / __ / __ __ __ Email Address: ________________________________

Telephone / Mobile No: ____________________________________________

Course Enrolled: _____________________________________________________

Note: This form is for students who require leave of absence for short duration up to 2 weeks on
grounds of compassionate or compelling circumstances (for example, illness where a medical
certificate states that the student is unable to attend classes). ACE will not be able to assess
your application unless the form is completed, signed and required information is provided
with documentation.

Reason of Absence

Please Tick one box

☐ Compassionate or Compelling circumstances - Please Tick one box below for reasons :

☐ Serious illness or injury (medical certificate states that the student is unable to
attend classes)

☐ Bereavement of close family members (death certificate attached)

☐ A traumatic experience (medical certificate attached)

☐ Others - (please attach additional pages if required) Reasons:

__________________________________________________________________________________

__________________________________________________________________________________

Dates of absence

From __/__/___ To __/__/___

Student Signature ____________________________ Date __/__/___

Office Use only

Circle - Approved / Not Approved By ___________________________ __/__/___

(CEO Signature) (Date)

Course Duration & Timetable affected: - No / Yes, If Yes Timetable revised Yes / No

Updated on Student Management System Yes / No Date __/__/___

Entered by ___________________________ Date __/__/___

Student Informed of the Outcome Yes / No Informed by ____________________________