



Student Name: _____ Student ID: _____

Date of Request: _____

Reason for Request: _____

Have you included any documentary evidence? (e.g. doctor's note, flight ticket etc.)

Yes No

Student's Signature: _____ Date: _____

Parent/Custodian's Signature: _____ Date: _____

OFFICE USE ONLY

Approved Denied

Academic Advisor/Principal Signature

Date