

# 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](#)' webpage before submitting an application to their School for recommendation and approval by the Office of Academic Services.

To be Completed by Student	
<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' webpage. 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 School Use</u></b>	
Received by:	Date Received

**Official Use by School****I. Recommendation (Tick where appropriate)**

Students can be granted semester LOA up to a cumulative maximum period of 3 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 (attn: Osman) 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 Student Wellbeing Centre.

The School 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):

\_\_\_\_\_  
Name of Thongsook College President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Official Use by OAS (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):

Processed by Officer: \_\_\_\_\_ Date : \_\_\_\_\_

**II. Approval**

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

Comments (attach additional documents, where applicable):

\_\_\_\_\_  
Name & Designation of Approving Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Delete where applicable