

APPLICATION FOR LEAVE OF ABSENCE

NOTE: The completed form as well as the supporting document/s must be sent to the following email address: loa-fhs@wits.ac.za

| | | | |
|-------------------|----------------------|---------------|----------------------|
| Surname | <input type="text"/> | | |
| First Name | <input type="text"/> | | |
| Person Number | <input type="text"/> | Mobile number | <input type="text"/> |
| Programme | <input type="text"/> | | |
| Year of study | <input type="text"/> | Academic Year | <input type="text"/> |
| Student Signature | <input type="text"/> | Date | <input type="text"/> |

The following should be attached to this form:

- Letter of Motivation
- Supporting documents i.e. Medical Report etc.

For Office use only

Please mark with X

APPROVED ☐ DECLINED ☐

Comments/
Conditions

FULL NAME _____

DESIGNATION _____

SIGNATURE _____ DATE _____