



LOA - T ____ - ____ - **000** ____

APPLICATION FOR LEAVE OF ABSENCE

IMPORTANT Please write in BLOCK LETTERS ONLY . Please provide all information required in this form. Incomplete forms will not be processed.	STUDENT NUMBER		COURSE
	NAME OF STUDENT		
	LAST NAME	FIRST NAME	MIDDLE NAME
	CONTACT NUMBER	EMAIL ADDRESS	

I will not be attending classes / enrolling in the Entrepreneurs School of Asia for _____ terms.

FROM _____ TERM / YEAR TO _____ TERM / YEAR	REASON FOR LEAVE OF ABSENCE
	_____ _____ _____
TERM 1 - Jan - Mar TERM 2 - May - Aug TERM 3 - Sep - Dec	_____ _____

I WILL BE BACK TO RE-ENROLL ON : TERM _____ YEAR _____

ENROLMENT STATUS :

<input type="checkbox"/> I AM NOT CURRENTLY ENROLLED LAST TERM ENROLLED _____ TERM	<input type="checkbox"/> I AM CURRENTLY ENROLLED TERM ENROLLED _____ TERM	MODULE CODE	REF. NO.	MODULE CODE	REF. NO.
			REF - IDX		REF - IDX
			REF - IDX		REF - IDX
			REF - IDX		REF - IDX
			REF - IDX		REF - IDX

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ANY ADJUSTMENTS PERTINENT TO MY REQUEST WILL BE SUBJECT TO ADMINISTRATIVE CHARGES WHEN APPLICABLE AND THAT THE APPROVAL / DENIAL OF MY REQUEST IS THE SCHOOL'S PREROGATIVE.

STUDENT'S PRINT NAME AND SIGNATURE DATE

RECEIVED BY :	
SERVICE OFFICER ON DUTY	
DATE RECEIVED :	
	SERVICES VALIDATION

FOR OFFICIAL USE ONLY

APPROVED BY :	REMARKS :
PRINT NAME AND SIGNATURE	
DATE :	



STUDENT CLEARANCE

CLEARANCE FOR: **Withdrawal** **Leave of Absence** **Others**
 Graduation **Course Completion**

NOTE: It is the student's responsibility to obtain all of the required signatures indicated below, which certify clearance on all academic and non-academic obligations to the Thames International/Entrepreneurs School of Asia. Please accomplish in the order indicated below.

Name: _____ Student Number: _____
Last First Middle

Complete Address _____

Telephone No: _____ Email Address: _____
Landline Cellphone

Degree Program: _____ Last Term Attended: _____ Term Graduating: _____

The above-named student has cleared all outstanding obligations as verified by the signatures of authorized school personnel below:

CLEARED BY:		Signature	Date Cleared
1	Student Affairs <i>(Printed Name / Position)</i>		
2	Academics <i>(Printed Name / Position)</i>		
3	Library <i>(Printed Name / Position)</i>		
4	Infirmary <i>(Printed Name / Position)</i>		
5	Support Services <i>(Printed Name / Position)</i>		
6	Student Services <i>(Printed Name / Position)</i>		
7	Office of the Registrar <i>(Printed Name / Position)</i>		
8	Accounting <i>(Printed Name / Position)</i>		

If graduating, GRADUATION FEE paid on _____ ; TN# _____, TNS# _____

REMARKS:
