

APPLICATION FOR ABSENCE FROM CLASS/MIDTERM TEST

Name					Student ID No.					
Course	Foundation		TE		RE		BE		ME	
Year of study	Alpha		Beta		Gamma		Delta		Epsilon	
Email Address:					H/Phone No.:				Time of Consultation/service	
Clinic	Panel	<input type="text"/>	Non Panel	<input type="text"/>						

Classes Missed					
Date of Leave / Medical Leave	Subject Code	Lecture Group	Tutorial Group	Midterm Test	Lab Experiment
Reason For Medical Leave/Leave:					

*All medical certificates (MC) must be submitted to FET office within **2 working days (48 hours)** after the last date of MC. Any late submission shall not be entertained by the Dean/ Deputy Dean.*

Signature

Approved/Not Approved

(Applicant)

Dean / Deputy Dean

Date:

Date:



STUDENT'S COPY

Name: _____ Student ID: _____

Date of Leave / Medical Leave: _____

FOR OFFICE USE:

Approved/Not Approved

Remarks by Dean/Deputy Dean: _____

Dean/Deputy Dean

Date: