APPLICATION FOR APPROVAL OF LEAVE

Please read notes before completing this form

NOTES TO STUDENTS

1. Applications for leave for whatever reason should be made <u>at least forty-eight hours</u> prior to the leave date.
   Only applications with supporting document or explanatory letters will be considered.
2. Normally retrospective approval for absence/lateness will only be considered for sickness (with registered doctor's certificate).
3. For leave application, student should submit the completed application form directly to the ITC Center (Room 6533, Lift 27/28) <u>in person</u> during office hours.
4. If make-up class is required, the student should undertake to make arrangements at the ITC webpage at http://www1.ust.hk/itc . Students should refer to the Training Timetable which are posted on the Departmental General Office's notice board or the "Trainee Intranet" from ITC webpage for availability of modules and dates of training.
5. The student should attend the make-up training as scheduled and present a copy of approval to the staff-in-charge of the training.
6. If student foresee that he/she cannot attend the arranged make-up training, he/she should inform the ITC Center <u>in person</u> before the arranged training date and make alternative arrangements. If this is not done, the student's absence from make-up training will be treated as <u>absence without approval</u> and such cases will be reported to students' major Department.

SECTION I *(To be completed by student)*

Degree Prog Code: _____   Degree Prog Title: _____   Year: _____

Name: _____   Student No.: _____   Group : _____

Module Name: _____

Date of Leave : _____

Duration: (* AM/PM/Session/Days/Hours) _____

Reason: _____

☐ Sick (please provide medical certificate)
☐ Course Registration
☐ Others (please state details and provide support evidence) : _____

Signature of Student: _____   Date: _____

SECTION II *(To be completed by ITC Staff / Instructor /Dept IT Coordinator)*

1. Leave Application * IS / IS NOT approved.
2. Make-up class * IS / IS NOT required.
3. Remarks (if any): _____

Signature of
* ITC Staff / Instructor /
Dept IT Coordinator : _____

Name in Block Letters: _____   Date: _____

---

*   Delete as appropriate
☐   Tick as appropriate