Request Form for Leave

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| College |  | | Major |  | Level |  |
| Name |  | | Gender |  | Room number |  |
| Phone number | | | |  | College counselor’s name |  |
| Permission duration | | **From** Year Month Day **to**  Year Month Day  Time:  （ M D Emergency contact: ） | | | | |
| Reason for permission | Student’s signature：  Year Month Day | | | | | |
| College counselor’s remarks | Signature:  Year Month Day | | | | | |
| Leave Time： Year Month Day  Signature: | | | | | Signature of counselor：  Leave Date： | |

**Note:**

Students requesting permission need to fill this form and submit it to their college counselor for approval. Permission within three (3) days will be approved only by the college counselor; otherwise, approval from both the dean and the college counselor will be required.