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 DaySignature:  | 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.