IN M I H HL) A/

: L IH L H -

Student I.D.		Student's Name		Dormitory No.	
Mobile		Type of leave	sick leave ( )	non-sick leave ( )	
If not available, please contact		Name		Mobile	
Period of leave	From (mm/dd/yy):		To (mm/dd/yy):		
Leave Reasons (please specify): Applicant's Signature			Date (mm/dd/yy):		
Recommendation from Academic Affairs Office (Office: QA102)	Recommended by:		Not recommended by:		Date (mm/dd/yy):

H M H   HL OH OL   L   IH L IH   HL IL L   IH HI LI OL
          H   OL   H   OL   L   H L   O OL   L   N OL IH L L
/   L L MOL IH L H   L OH O   I L   I   IH L   OL