

forward together sonke siya phambili saam vorentoe

APPLICATION FORM FOR LEAVE OF ABSENCE (LOA)						
A. THIS SECTION IS COMPLETED BY THE STUDENT						
Details of the academic activity/ies missed				Mark applicable with ✓		
LOA during compulsory classes, clinical or practical activity/ies						
LOA during assessment	<b>'</b>	,				
LOA during research activity						
Title (e.g. Mr/Ms/Mrs/Mx), Initials				•		
and Surname						
Student number						
Personal email address:						
Telephone/Cellphone						
Type of programme	Undergraduate	Postg Struct	raduate ured		stgraduate search	
Programme and year (e.g. BA Humanities III)						
Start date of leave						
End date of leave						
Reason/s for leave (attach your supporting document/s to this application)						
List the supporting documents provided with your application:	1. 2. 3.					
The following academic activity/ies are applicable, and the relevant academic staff have	Module/ academic activity name e.g. Physics 142, research seminar	compu	e/s of missed ulsory academic activity/ies		Name of Module Chairperson/ Lecturer/ Supervisor	
been consulted						
Complete this section if this form is submitted by a third party  A third-party leave of absence application will only be considered if the student is medically incapacitated (with evidence submitted of the medical incapacity).						
Name and surname						
Relationship with student						
Reason for third party submission						
Did you include evidence of medica	al incapacity with this	application	?	Ye	s No	
Please note: "The University reserve health care practitioner, and it accepthis regard" (SU General Yearbook, I	ots in good faith that					
By signing this leave application, I count and correct, that  1. applications and associated supported and if it can be proven the action; and  2. the University reserves the right to applications for leave of absence where such applications are not p	orting documents that at I altered such a such a such a sallow academic envort of absence where s	at are illegib pporting do rironments, t	le or that h cument, it	ave beer could lea	n altered may ad to disciplin delegate to	/ be nary deny
Signature of student or third-party applicant			Date			

		D-CURRICULAR ACTIVITIES BY THI BY MATIES SPORT (COMPLETE IF A		STUDEN	IT AFFAIRS OF	?
Do you support the LOA application for sport or co-curricular a applicable with ✓			activity? Mark	Yes	No	
Indicate for or Categor		ry this LOA is recommended e.g. Cat	egory A 12.1.1.4	.1		
Comments	;					
Staff name and surname Designation						
Signature						
		SECTION: COMPLETED AND STAM QUESTED IS 3 DAYS OR LONGER)	IPED BY THE I	REGISTRA	R'S DIVISION	
Category A Category A feasible.  The academic environment concerned should, in their determined accommodate you for the missed academic activities, as far feasible.						
Leave category	Category B	Leave is conditional on you making prior satisfactory arrangements with the academic environment concerned for the missed academic activities.				
	Category C	Leave application is not compliant with SU's Leave of absence rules.  Approval of leave is not granted.				
Comments	;					
Staff name and surname			Designation			
Signature			SU Stamp:			
Date						
D. APPRO	VAL SECTION	I: COMPLETED BY THE ACADEMIC	ENVIRONMEN			
Module 1:		f absence is ( <b>√</b> the suitable box)		Approv	ved proved	
Arrangeme	ents to catch ed academic s OR the			Τνουαρ	proved	
Staff name and surname			Designation			
Signature			Date			
		Approv	/ed proved			
Arrangeme	ents to catch ed academic s OR the	. absence is the suitable box		<u>Γίνοι αρ</u>	piovou	
Staff name and surname			Designation			
Signature			Date			

D. APPROVAL SECTION	N: COMPLETED BY THE ACADEM	IIC ENVIRONM	1ENT (CONTINUED)	
Module 3:			Approved	
Abovementioned leave of absence is (✓ the suitable box)		Not approved		
Arrangements to catch up on missed academic activity/ies OR the reasons for non-approval				
Staff name and surname		Designation		
Signature		Date		
Module 4:			Approved	
Abovementioned leave of absence is (✓ the suitable box)			Not approved	
Arrangements to catch up on missed academic activity/ies OR the reasons for non-approval				
Staff name and surname		Designation		
Signature		Date		
Module 5:			Approved	
Abovementioned leave of absence is (✓ the suitable box)			Not approved	
Arrangements to catch up on missed academic activity/ies OR the reasons for non-approval				
Staff name and surname		Designation		
Signature		Date		
Module 6:			Approved	
Abovementioned leave of	of absence is (✓ the suitable box)		Not approved	
Arrangements to catch up on missed academic activity/ies OR the reasons for non-approval				
Staff name and surname		Designation		
Signature		Date		