

**PHARMACY FACULTY**  
**STUDENT LEAVE OF ABSENCE APPLICATION FORM**

Complete the form below and submit a printed copy of the form **AND** your supporting to the Faculty Office.  
 LOA applications must be submitted within 72hrs of the missed academic activity/activities

**LOA DETAILS**

Student number: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

I would like to request an LOA for the following period:

From \_\_\_\_\_ AM  PM

To \_\_\_\_\_ AM  PM

Reason for LOA: \_\_\_\_\_

Supporting evidence attached? YES  NO

If YES: Type of supporting evidence: \_\_\_\_\_

If NO give reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature: \_\_\_\_\_

<p align="center">For office use</p> <p align="center">Date application received</p> <p align="center" style="font-size: 2em; opacity: 0.5; margin-top: 50px;">STAMP</p>	<p><b>For Head of Department</b></p> <p>The requested leave of absence is hereby</p> <p align="center">GRANTED <input type="checkbox"/></p> <p align="center">NOT GRANTED <input type="checkbox"/></p> <p>Signature: _____</p> <p>Date: _____</p> <p>Reason (if not granted):</p>
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**Work missed during the LOA period**  
**(NB: only include work that requires you to submit an LOA)**

	Subject	Type of work missed	Date	Lecturer
1				
2				
3				
4				
5				
6				
7				
8				

**IMPORTANT!!**

The above lecturers will be informed that the student has received an approved LOA however it is the *RESPONSIBILITY OF THE STUDENT* to make arrangements to catch up the work missed

FOR OFFICE USE

The above student and lecturers were emailed a scanned copy of this LOA (to their official Rhodes University email addresses) on

DATE: \_\_\_\_\_ by NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_