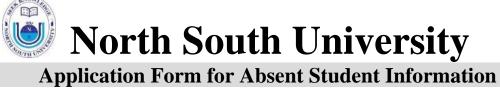
(Rev 18 March 2021)



Date:	
Name of the Student:	ID Number:
Department/ Program:	
1. Reason for Absence: (Please attach documentary evidence such as medical papers or any others)	
2. Parent's Name and Signature	Student's Signature
Parent's Contact Number:	Student's Contact Number:
3. Registrar:	
Attachments:	
u.	
b.	
c.	
Please fill up this form and submit to the Registrar's Office with supporting documents.	