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| Application Form for Leave |
| **Class**  |  | **Name**  |  |
| **Student No.** |  | **Time for Leave**  | **From To**  |
| **Reason for leave :** **Student's Signature : Date:** |
|
|
| **Comment from the class counselor:****Signature: Date:** |
| **Comment from Dean:** **Signature: Date:** |
| **Enclose herewith relevant proof(e.g. statement of parents,certificate of the hospital,flight booking sheet)** |

1. **Upon returning to the university, the student must report to the class counselor immediately.**
2. **If any student overstays his/her leave, the classes he/she misses are regarded as being absent.**

**School of International Education**

 **Anhui Medical University**