

DEPARTMENT OF OPTOMETRY AND VISION SCIENCES

Internal Use Only

APPLICATION FOR ANNUAL LEAVE

(PhD / Masters students)

This form should be approved and signed by supervisor before submitting to the Administration Office, Department of Optometry And Vision Sciences.

Student ID : Course Name:

Family Name: Given Names:

Course Start Date:

Contact Phone No.:

Email Address:

Leave balance prior to this leave application:
(Please check with the Postgraduate Administrator in the Department Office)

I wish to apply an annual leave for the period as below.

Date From (Inclusive):

Date To (Inclusive):

No. of Leave Days:
(excluding weekends and public holidays)

Student's signature: _____ Date: _____

Approved by :

Name of Principal Supervisor Signature: _____ Date: _____

Administration Office Use Only:

Received By: _____ Date: _____