**Request for Absence Form for Registration**

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| General Information | Name |  | Student No. |  | Gender |  |
| Major |  | Nationality |  |
| Mobile phone number |  | Email |  |
| Reasons for absence:(Note: Please indicate your location and the reasons of absence)  Signature:  Date:  |
| Period | From to  |
| Comments from advisors or program director:Signature: Date: |
| Comments from Low Carbon College:  Signature: Date: |
| Resumption from Leave |  Signature (with Stamp): Date: |