**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: | | | | | |