



Queensbury College

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LEAVE REQUEST FORM

Data Protection Act 1998

The data collected on this form will only be used for the purpose of student and course administration as required by the college and will be retained securely on your file.

Please complete this form and return it to Admin Office (Room 712, Wigham House, Waking Road, Barking)

Section 1 STUDENT DETAILS												
Student ID (<i>essential</i>)												
First Name												
Family Name												
Date of Birth												
Course	DAM	PGD	ESOL	HSC	IT	Pre-Sess						
Session												

Section 2 LEAVE REQUIRED													
Type of Leave	Full Day			Half Day			No of Days						
Start Date	D	D	M	M	Y	Y	End Date	D	D	M	M	Y	Y
Reason for leave													
Medical certificate or other relevant documentation attached (<i>If leave is for more than two days</i>)										YES	NO		

Section 3 STUDENT SIGNATURE
I understand that this leave application is approved subject to relevant medical certificate or other relevant documentation (if provided).
Signature _____
Date _____

Section 4 AUTHORISATION		
Authorising Officer Name		Signature

Date	D	D	M	M	Y	Y
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Form should be placed in the student personal file.