|  |  |
| --- | --- |
| Name |  |
| Student ID |  |
| Course Title |  |
| Are you receiving a Bursary? |
| Are you receiving Education Maintenance Allowance (EMA)? |

|  |  |
| --- | --- |
| Date(s)  |  |
| Reason for Absence  |  |
| Evidence Provided |  |
| Is this a recurring absence? |  |
| If yes, state further action required. |  |
| Date of Return to College |  |
| Student Signature |  |

*For Office Use Only*

|  |
| --- |
| **To be completed by HOD / AL – Register Numbers Amended** |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|  |  |  |  |  |
| HOF/CQL: |  | Date: |  |
| **To be completed by MIS Administrator** |
| Form filed with Enrolment? |
| Is this absence to be taken from student’ self-certificated total?  |
| MIS Administrator: |  | Date: |  |