



Fortune

School of Technology And Management

10, La Salle Street, District 15-16, East Coast, Singapore - 456933 Ph.: +65-62441471
Fax : +65-62441489 Website : www.fstm.edu.sg, Email : mail@fstm.edu.sg

LEAVE OF ABSENCE APPLICATION

This form is not for use by commencing students who wishes to defer starting their studies.

If this is the case for you, please contact Admission : mail@fstm.edu.sg

Application must be submitted at least 2 weeks before date of commencement. If prior approval cannot be obtained, application must be submitted within 7 days from the date of absence.

1. PERSONAL DETAILS

Student Number (8 Digit Number)

Title : Dr. Mr. Mrs. Ms. Miss.

Family Name : _____ Given Name : _____

Email ID : _____

Mobile Phone : _____ Home Phone Number : _____

Current Courses

Course Code : _____ Course Title : _____ Mode of Study : Day Evening Fast Track

2. LEAVE REQUEST

Type of leave : Class leave Semester leave

Subject title (for class leave only) : _____

Leave of absence period : _____ Study period _____

I intend to recommence studies in (for semester leave only) : _____ Study period _____

Reason for request (please tick ONE box)

Health Work Personal Others, please specify _____

Please provide further information to support your leave request (please attached documentary proof to support your leave request) : _____

3. DECLARATION

I declare that the information provided is true and accurate to the best of my knowledge and that I have not willfully suppressed any information. I understand that information contained in this form is corrected for enrollment and administrative purposes, and that some information may be released for administrative purposes. Personal information will not be passed onto any other external bodies without prior authorization unless a valid legal request has been made.

I understand that, if approved form leave of absence for semester, I will be withdrawn from all subjects for the period of leave granted. I understand that it is my responsibility to investigate the consequence that taking a Leave of Absence might have with regard to census dates. I understand that I will retain access to my email account during the period of leave and that I must continue to monitor my emails during this time.

Student Signature : _____ Date (dd/mm/yyyy) : ____ / ____ / ____

Important

Student granted leave of absence from semester must re-enroll by the commencement of their returning student period or late enrollment fees will apply.

FSTM will advise you of the outcome of your application.



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4. RETURN DETAILS

Student Service Centre

FSTM School Singapore Campus

10, La Salle Street, Distt. 15-16, East Coast, Singapore – 456933

Phone : +65-62441471, Fax : + 65-62441489

Website : www.fstm.edu.sg, Email : mail@fstm.edu.sg

INCOMPLETE FORM OR MISSING DOCUMENTATION MAY DELAY THE PROCESS OF YOUR APPLICATION

OFFICIAL USE ONLY

Date (dd/mm/yyyy) : ____ / ____ / ____ Staff Name : _____

Current attendance rate (%) : _____ Conduct : Satisfactory No Satisfactory

Student status : Local students International Students

Note : International students must maintain a minimum attendance requirement of 90% as per Singapore immigration requirement

5. APPROVAL

Recommended by Deputy Director, Client Services

Recommended for approval Not recommended for approval

Comments : _____

Signature of Deputy Director : _____ Date (dd/mm/yyyy) : ____ / ____ / ____

Assessment by Associate Dean / Head of Department

Approval Not approval

Comments : _____

Signature of Associate Dean / Head of Department : _____ Date (dd/mm/yyyy) : ____ / ____ / ____

Assessment by Campus Dean

Approval Not approval

Comments : _____

Signature of Campus Dean : _____ Date (dd/mm/yyyy) : ____ / ____ / ____