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LEAVE OF ABSENCE FROM EXAMINATION

Instructions:

1. This completed form must be submitted 10 working days prior to the examination event if the candidate intends to seek approval to reschedule the examination.
2. In the event prior approval could not be obtained, this completed form together with supporting documents (e.g. medical certificate) must reach Boston Business Management School at the above address **within 4 working days after the date of examination**.
3. Candidates who are given approval to reschedule their examination will have to appear for the deferred examination without fail. No further deferment will be granted.

SECTION A: COURSE DETAILS

Course Title	Course Code
Module Title	Date of Examination

SECTION B: STUDENT'S PARTICULARS

Name	NRIC No.	
Handphone No.	Office Tel No.	Home Tel No.
Mailing Address	Postal Code	
Name of Company:	Sponsorship (please delete accordingly): Company-sponsored / Self-sponsored	
Address of Company	Postal Code	
Reasons for Absence (please tick accordingly): <input type="checkbox"/> Medical Grounds (attach medical certificate) <input type="checkbox"/> Reservist Training (attach documentary proof) <input type="checkbox"/> Official Overseas Assignment (attach letter from company verifying the trip and the duration) <input type="checkbox"/> Bereavement of Parent/Spouse/Child (attach death certificate) <input type="checkbox"/> Others (attach details):		
I declare that the information given is true and accurate and I have not willingly suppressed any information.		
Signature of Student		Date

FOR OFFICIAL USE ONLY: ACKNOWLEDGEMENT (This slip will be returned to you upon confirmation)

Your request for authorised leave of absence from your examination on _____ is:

Approved.
This deferred main examination will be considered as your **first and final attempt**. If you fail to attend or pass this examination, no further examination will be granted and you are required to re-enrol for the module if you wish to complete the course. **Under no circumstances will a student be given a deferment for deferred examination.**
Details of the examination is as follows:
Date: _____
Time: _____
Venue: Boston Business Management School @Main Office Boston Business Management School @Branch
(Please be at the examination centre at least 15 minutes before the start of your examination to check for the classroom and for other formalities.)

Not approved.
In order to complete the course, you are required to re-enroll for the module by completing the re-enrolment form

Approving Officer's Name & Signature	Date
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