

# UNIVERSITY VISIT LEAVE REQUEST FORM

Name: \_\_\_\_\_ Form: \_\_\_\_\_

Visiting: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Will be absent:                      AM / PM / All Day  
(please delete as necessary)

Signed: (Student)                      \_\_\_\_\_

Signed: (Parent / Guardian) \_\_\_\_\_

Authorised by: (Internal)            \_\_\_\_\_

SIMS updated: \_\_\_\_\_

