**Application for Leave   
Enrichment Program for Gifted Learners (EPGL)**

**Notes:**

1. Please submit **a printed copy** of this application form (together with supporting documents, if applicable) to your EPGL Instructor.
2. If you foresee any dates you have to take leave during the program period, please submit the application in advance. You may apply for multiple dates on the same form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To be completed by the Applicant *(Please choose where appropriate)*** | | | | | | |
| **Student Full Name:** | *(in BLOCK Letters)* | |  | |  | |
| **EPGL Student ID No.:** |  | |  | |  | |
| **Course Code:** | M106 / C101 / E101 / B102 / B807 / D001 / M104 / M801 | | | | | |
|  | | | | | | |
| **Date of Leave:** *(DD/MM/YYYY)* | | | | | | |
| **Reason of Leave:** *(Please choose below where appropriate)* | | | | | | |
| □ Sick Leave  □ School Event/ Competition\*  □ Others\*  *\*Please give details and supporting documents if applicable.* | | | | | | |
| **Parent/ Guardian’s signature:** | |  | | **Date:** | |  |
| **Name of Parent/ Guardian:** | |  | |