



BROOKLYN COLLEGE

WE BELIEVE Outstanding preparation for higher learning and life

Student Leave Request Form

Student Name: _____ Student ID: _____

Date of Request: _____

Reason for Request: _____

Number of Days Requested (incl. dates): _____

Have you included any documentary evidence? (e.g. doctor's note, flight ticket etc.)

Yes No

You must inform all of your teachers that you will be missing class.

Please have them sign below.

Course: _____ Teacher: _____ Signature: _____

Course: _____ Teacher: _____ Signature: _____

Course: _____ Teacher: _____ Signature: _____

Student Signature: _____

Principal or Admission Officer Signature: _____

Approved Denied