

THE LAW SCHOOL OF TANZANIA



PERMISSION REQUEST FORM

THIS FORM SHALL BE USED BY STUDENT FOR REQUESTING LEAVE OF ABSENCE FOR A PERIOD NOT EXCEEDING FIVE DAYS.

PLEASE FILL TWO COPIES OF THE FORM.

Name of student Reg. No

SessionFirm..... Mobile No.

State the purpose of the requested leave

.....
.....
.....
.....
.....

Number of the days requested

Date of departure Return date

Details about place of destination

District..... Ward..... Street/village

Next of kin who may be contacted during your absence

Full name..... Mobile No.

Relationship

Physical address of the next of kin

.....

Student's signature.....Date

FOR OFFICIAL USE ONLY

i. To be authorized by Course Coordinator

Authorised (); not authorised ()

Reason for not authorizing the leave (if applicable)

.....
.....
.....
.....
.....
.....
.....

Name Signature Date

ii. To be approved by Dean of Students

Permission approved (); permission not approved ()

Name Signature Date

For: PRINCIPAL