**Important – Absence may affect your entitlement to student funding**

|  |  |
| --- | --- |
| Name |  |
| Student ID |  |
| Course Title |  |

|  |  |
| --- | --- |
| Date(s) of Actual Holiday |  |
| Date of Return to College |  |
| Student Signature |  |

|  |
| --- |
| **To be completed by HOD / AL – Register Numbers Amended** |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|  |  |  |  |  |
| HOF/CQL: |  | Date: |  |
| **To be completed by MIS Administrator** |
| HNF Form filed with Enrolment? |
| Student Funding notified?  |
| MIS Administrator: |  | Date: |  |