

# Western Engineering

## STUDENT HOLIDAY FORM

Name: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Program (MEdSc, PhD): \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_  
Do you have TA responsibilities during this period? Yes\_\_ No\_\_

If yes:  
Course Name and Number: \_\_\_\_\_  
What coverage have you arranged? Please explain:

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\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**PLEASE SUBMIT THIS FORM TO YOUR GRADUATE COORDINATOR  
FORM MUST BE COMPLETED AND APPROVED 1 WEEK PRIOR TO DEPARTURE**

**Please Note:** This is NOT a request for an Official Leave of Absence as per SGPS's rules and regulations