

APPLICATION FOR STUDENTS TO STAY AFTER NORMAL WORKING HOURS

	NAME	I.D.	MOBILE	YEAR	TIME-FRAME	REASON
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Person responsible for the above listed group

_____ signature

_____ Name in full

Date of Application

Dean's approval

Date of approval

NOTE

- 1 Get the approval from the Dean prior to commencement of activity
- 2 Approved application to be presented to Precincts Office 2 days before activity
- 3 Copy of signed application to forwarded to the Beadle in charge of Faculty
- 4 For safety concerns No Student is allowed alone at the Faculty
- 5 Disciplinary action would be taken against any person that abuse of this concession