

OFFICIAL USE ONLY

Date received: ____ / ____ / ____

Staff name: _____

Preventive measure(s) adopted:

Name and signature of staff: _____ Date (dd/mm/yyyy): ____ / ____ / ____

5. APPROVAL

Recommendation by Associate Director, Student Services

Approval Not Approval

Comments: _____

Signature: _____ Date (dd/mm/yyyy): ____ / ____ / ____

6. APPROVAL

Review by Campus Dean

Comments: _____

Signature: _____ Date (dd/mm/yyyy): ____ / ____ / ____